THE

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AND

EXAMINER.

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To our Readers and Correspondents.

Beginning with Vol. XXXVII., July, 1878, the CHICAGO MEDICAL JOURNAL AND EXAMINER prints all records of length and weight in terms of the Metric System, and all records of temperature in degrees of the Centigrade Scale. The Metric System, legalized in the United States and Great Britain, is extensively or exclusively employed by other civilized nations, and has thus become an essential part of the international language of science. It is recommended for adoption to the profession in this country by the American Medical Association and other scientific bodies. To-day no physician can afford to be ignorant of its value, its simplicity and the meaning of its terms.

The subjoined tables and scales, which have been kindly prepared for us by Prof. W. S. Haines, will be continuously reproduced in subsequent numbers of this journal, for the ready reference of our readers and correspondents.

Metric Measures of Length.

Millimeter	0.001	of a Meter		0.03937	inches.
Centimeter	0.01	"	"	0.39370	"
Decimeter	0.1	"	"	3.93707	"
Meter	**1.**	**Meter**		**39.37079**	"
Decameter	10.	Meters		393.70790	"
Hectometer	100.	"		3937.07900	"
Kilometer	1000.	"		39370.79000	"

Metrical Weights.

Milligram	0.001	of a Gram		0.015	grains.
Centigram	0.01	"	"	0.154	"
Decigram	0.1	"	"	1.543	"
Gram	**1.**	**Gram**		**15.432**	"
Decagram	10.	Grams		154.323	"
Hectogram	100.	"		1543.234	"
Kilogram	1000.	"		15434.348	"

☞ The United States "nickel" five cent piece weighs five grams, and is two centimeters in diameter.

Approximate Equivalent of Metrical Weights.

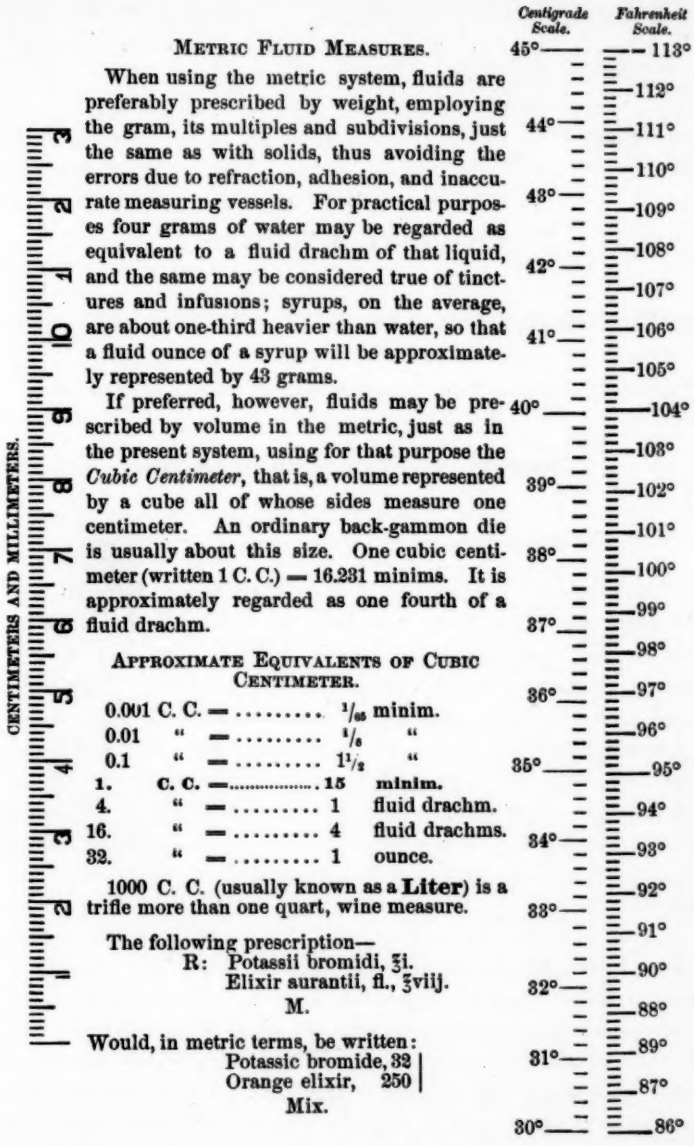
For Rapid Reference.

Milligrams.	*Grains.*	*Decigrams.*	*Grains.*
1 (written 0.001 or |001)*	1/65	1 (written 0.1 or |1)	1 1/2
2	1/32	2	3
3	1/22	3	4 1/2
4	1/16	4	6
5	1/13	5	7 1/2
6	1/11	6	9
7	1/9	7	11
8	1/8	8	12 1/2
9	1/7	9	14

Centigrams.	*Grains.*	*Grams.*	*Grains.*
1 (written 0.01 or |01)	1/6	1 (written 1. or 1|)	15
2	1/3	2	30
3	6/13	3	46
4	7/11	4	61
5	3/4	5	77
6	9/10	6	92
7	1	7	108
8	1 1/4	8	123
9	1 1/3	9	139

A Kilogram—2 1/5 lbs. Avoirdupois.

* The decimal *line* instead of points makes errors impossible.



Metric Fluid Measures.

When using the metric system, fluids are preferably prescribed by weight, employing the gram, its multiples and subdivisions, just the same as with solids, thus avoiding the errors due to refraction, adhesion, and inaccurate measuring vessels. For practical purposes four grams of water may be regarded as equivalent to a fluid drachm of that liquid, and the same may be considered true of tinctures and infusions; syrups, on the average, are about one-third heavier than water, so that a fluid ounce of a syrup will be approximately represented by 43 grams.

If preferred, however, fluids may be prescribed by volume in the metric, just as in the present system, using for that purpose the *Cubic Centimeter*, that is, a volume represented by a cube all of whose sides measure one centimeter. An ordinary back-gammon die is usually about this size. One cubic centimeter (written 1 C. C.) = 16.231 minims. It is approximately regarded as one fourth of a fluid drachm.

Approximate Equivalents of Cubic Centimeter.

0.001	C. C.	=	1/65 minim.
0.01	"	=	1/6 "
0.1	"	=	1½ "
1.	C. C.	=	15 minim.
4.	"	=	1 fluid drachm.
16.	"	=	4 fluid drachms.
32.	"	=	1 ounce.

1000 C. C. (usually known as a **Liter**) is a trifle more than one quart, wine measure.

The following prescription—

℞: Potassii bromidi, ℥i.
Elixir aurantii, fl., ℥viij.
M.

Would, in metric terms, be written:

Potassic bromide, 32
Orange elixir, 250
Mix.

Original Lectures.

THE NURSE-MAID AND THE MOTHER OF THE SYPHILITIC CHILD.

(A Clinical Lecture Delivered at the Dermatological and Venereal Clinic, Rush Medical College.)

By James Nevins Hyde.

Reported by L. C. Waters, Clinical Assistant.

I.

Gentlemen: You see this fresh-looking, blonde German girl, 14 years old. One week ago she came to me, accompanied by her mother, complaining of pain in her left side, and showed what looked like ulcers between several of her toes. They were really not ulcers, but, when superficially examined, might have been mistaken for such lesions. I examined her heart, and found that, although pulsating 120 times each minute, there was no valvular or other organic disease. She was probably somewhat alarmed by the fact of her presence in this place, and the fear of what might follow—this in part explained the acceleration of the pulse.

I will say here, that as soon as I looked at these interdigital sores, I recognized their character and import. Almost anyone, accustomed to careful inspection and mental classification of cutaneous lesions, could have done the same thing readily. But I want to call your attention to the ease with which we might have made a grievous blunder in this case. We might have said carelessly: "here is a young girl with sore toes and a pain in her left side—possibly neuralgic. She cannot give us any reason why she should suffer this way. We will therefore give her a

salve for her ulcers, and a remedy for her neuralgia or cardialgia, and dismiss her for a week."

But we did not say nor do this. We pushed our investigation of the case till its origin and character were as clear as it was possible to be to us, whose facilities for such investigation are limited to this room. As she is now before us, we will first examine her physically, and then give her history.

I pass my hands along the back of her neck, and find here that the lymphatic glands, situated along the intermuscular septa, are moderately enlarged, but not tender. Two glands, one on either side of the nucha and just below the occiput—the sub-occipital glands—are as large as walnuts. This is a significant symptom. Looking into the throat, I find hyperæmia of the pharynx, and each tonsil enlarged to double its normal size. Upon the right pillar of the fauces is a superficial ulcer with purulent floor, as large as the section of a small split pea. The tint of her skin is delicately clear, yet, over the right arm, and in one or two places over the legs, are some small, irregularly dispersed, pin-head sized reddish papules, which have been scratched with the finger nails. We know this, because we find a little blood scale at the apex of each, and scratch lines in the vicinity. Exposing the genital organs, you see upon and about the vulva and the vulvo-crural integument, 10 to 12, irregularly oval, elevated and flattened patches, from 1 to 3 millimeters in height, and from 2 to 3 centimeters in diameter. One, situate upon the right labium minus, has so irritated the tissue beneath, that the lip is puffy and œdematous. All are now flesh-colored in hue, and though moist, destitute of much secretion. One week ago they were nearly as white as apple blossoms, and smeared over thickly with an offensive mucous secretion, of which I will remark, parenthetically, that it is in the highest degree capable of communicating the disease from which the patient is suffering. Six to eight more of these lesions surround the anus, similar in size, aspect and configuration. The inguinal glands of each side are enlarged and painless.

Let us stop to say a word about these vulvo-anal lesions. What name shall we give them and to what family do they belong? They have been variously called: (*Die breite Çondylomata, die*

feuchten oder nassenden Papeln, die flachen Condilome, papules humides, pustula fœda ani, pustules plattes, plâques muqueuses), mucous patches, condylomata and mucous tubercles. They belong to the family of the papules, and are, in fact, giant papules with flattened apex and secreting surface—giant, because they form in regions where heat and moisture favor their extreme development —flattened, largely because they form in regions where they are subjected to friction and contact of apposed surfaces—secreting, because these regions are hot, moist and subjected to friction. Now look at the interdigital lesions upon the feet, which I said, a moment ago, could readily be mistaken for ulcers. Between the second and third, and between the fourth and fifth toes of this right foot, largely on the dorsal border of the quasi-mucous surfaces in apposition, you observe in each locality, not an ulcer, but an elevated lesion as large as a little finger nail, elevated as far as the skin of the lateral surface of the adjacent toe will permit, moist and secreting at the summit, but less moist and secreting less than the lesions about the vulva and anus. These also, during the last week, have lost some of their classical features—the improvement being due to the treatment pursued, of which I shall speak later. Similar, but less typical tubercles you see also between the toes of the left foot.

All the lesions I show you are identical in character. They are mucous patches, mucous tubercles, condylomata, or giant flattened papules. You may call them what you will, if only you understand the fact that they result from lawless or perverted cell development in parts where there is heat, moisture and friction, this lawlessness or perversion being due to the influence of the syphilitic virus, whose features in this case many of you have ere this probably recognized. The occurrence of these and allied lesions, is so constant and characteristic in the secondary stage of the disorder, that Zeissl proposed to call the latter the "condylomatous stage" of syphilis.

The recognition of this disease, gives us an explanation of the thoracic pain, of which the patient at first complained. Substernal and subcostal pains are frequent in the early periods after syphilitic infection. They are, in general, I believe, a nervous

protest against the circulation and distribution of hydræmic and intoxicated blood.

Let us stop for a moment to enquire why we find upon the skin of this young girl, such an abundant development of mucous tubercles, while upon the skin of the next patient we chance to examine in the early period of development of constitutional syphilis, we may discover a symmetrical macular eruption over the face and chest, out of which may spring an equally distributed crop of papular or papulo-squamous syphilides. I think there is an explanation. This girl is of an age which entitles her to be classed with infantile patients. Infants and children have delicate skins, built up of rapidly growing cells, abundantly supplied with nutrient juices; and their skins, under the influence of acquired syphilis, have a marked tendency to exhibit mucous lesions. The sex also is to be considered. Even without experience, reason would lead us not to look in these patients, for those classical symptoms which are displayed on the skin of the adult male, toughened by long exposure to friction during toil, at a period of life when cell growth is strictly limited to the demand for repair of daily waste.

Let us ask further how this child came to be affected in this way. She is but 14 years old, and has a remarkably innocent expression of countenance. It is difficult for us to believe that she has sinned sexually at her age, and her genitals bear no marks of indecent assault. I have questioned her in private, and can assure you that she is, in fact, as innocent as she is in appearance. I asked her if she had been at service as a nurse girl, and she answered that she had not. While making these inquiries, I carefully examined the epitrochlear glands of her arms—those found just above the inner condyle of the humerus, named by Chaussier, the epitrochlea—and found that that of the right side was enlarged, the left was unaffected. This certainly was significant. Further questioning elicited the fact that five months ago, she paid a two months' visit to an aunt in the country—her mother's sister. This woman, having lost a first husband, was united to a second husband two years ago, and was nursing a little three months old baby at the time of this visit to the country. The baby had been ill from the moment of its

birth, and had a very sore mouth, "so sore that its mouth was kept constantly open." Our patient is positive that she never kissed this child—its mouth was so repulsive; nor had she ever slept with it.

The mother of our patient, who accompanies her, is evidently entirely in the dark as to the nature of her daughter's malady—as much so, indeed, as the daughter herself, who at first believed that she had "the whites." This woman is a widow, of healthy appearance, a mother of seven healthy children, who has never aborted. She denies the possibility of any venereal disease in her case, and is stricken with horror when informed as to the real character of her daughter's trouble. Then her memory is stimulated to the recollection of the fact that her son had told her that the father of the baby to whom we have reference, was affected with a "bad disease" at about the time of his marriage, and that his wife had been taking medicine for the same reason.

I think it is safe to assume that this infant had hereditary syphilis. It was of that age when we may look for manifestations of the disease. An infant suffering from mucous patches of the nasal and buccal cavities, is very apt to keep the mouth open, not because the mouth is sore, but because the nostrils are obstructed by the crusts which form there, and impede respiration. The offensive secretion from the mouth and nostrils of these little patients, is highly contagious. We will not now discuss the question whether this secretion is contagious for the parents of such a child; it is sufficient at present to know that for all others, unaffected with syphilis, this discharge is potent for mischief. It is true that this fact has been disputed by one author, but the proof against him is overwhelming. How can such children infect other individuals? I answer, by the act of kissing, by the mediation of spoons and utensils carried directly from the child's to another's mouth (tasting its pap, etc.), by the innocent contacts of sleep, and, as lately reported in one instance, by the aid of the finger of the infant, which was habitually sucked, and then thrust into the mouth of its nurse. We must not, of course, forget the contact of the child's mouth with the nurse's nipple, nor the possibility of conveying blood or pathological products from arm to arm in the process of vac-

cination. Professor Goodell, of Philadelphia, has recently stated that the liquor amnii of such infants at birth, is dangerous for the accoucheur.

By none of these methods was our patient infected. She is quite sure that she never kissed that offensive mouth. But, on further questioning, she admits that she carried this child, and often played with it, and, being pressed to state if she ever suffered from any wound at this time, she admits that she cut her hand upon a piece of glass. She points out to us the location of this wound, and lo, here we have revealed the site of her chancre, and the origin of all her subsequent trouble. You see upon the radial border of her right thumb, over the metacarpo-phalangeal articulation (that of the arm where we found the enlarged epitrochlear gland), a smooth elevated indurated nodule, oblong in shape, and as large as a pea, as resilient to the touch as if a smooth kernel of ivory were imbedded in its substance, and of an empurpled reddish hue, suggestive of blood-stasis and pigment. The wound inflicted by the glass, was doubtless in some way infected by contact with the secretion from the mouth of the infant she was then tending. Here was once then a chancre. But the wound has healed, and the chancre, if ever it ulcerated, has also healed, leaving us only this lesion—insignificant enough when carelessly viewed, but highly significant when carefully studied, to tell us by what portal the virus of the disease gained access to her lymphatic circulation.

Now, let me say of all these extra-genital chancres, that they are formidable only as they are liable to escape recognition. The syphilis which is dangerous, is the syphilis which has long been unrecognized. These extra-genital "initial scleroses," as the Germans call them (a good name, by the way), have two, and only two tolerably constant characteristics: first, induration; second, a vinous-red or purplish stain. Their configuration size and morphology, depend almost entirely upon the peculiarities of the pre-existing wound or abrasion, and we find such pre-existing wounds or abrasions, in well nigh every case. They may be irregular, scabbed, crusted or exulcerated sequelæ of typical vaccine vesicles; they may be curious alterations of simple fissures of the nipple or its areola; they may be mere dry scaly

papules of the skin. I have recently treated three physicians in the vicinity of this city, for syphilis originating with chancres of the hand, produced by inoculation in gynecic or obstetric manipulations. At the time of my first examination, one had a deep, empurpled, indurated and thickened cicatrix of the finger; a second had a superficially ulcerated abrasion of the knuckle, resting upon a slightly indurated and elevated base; a third had a red and angry looking dense nodule, resulting from a "hang-nail."

Returning now to our patient, let us dwell for a moment on the question of the date of her infection. By the aid of her memory alone, we cannot fix this date. But we find that we have a latititude of from three to five months in which to allow for the two periods of incubation. For the period of incubation of the initial sclerosis, we may have from ten days to an entire month, and even more. For the period of secondary incubation, that which succeeds the appearance of the chancre, and extends to the date of the first appearance of constitutional symptoms, we may have from twelve days to three months, and even more. Loosely speaking, we may say that this generally requires about fifty days. Now I am quite sure that this child must have suffered from her disease for some time before her attention was directed to it. She was not expecting its advent, and it was not probably till it forced itself upon her attention, that she really concluded that she was ill. The time, therefore, between her visit to us and her primary accident, may be brought within the average usual in such cases.

Do you ask, why then was her initial sclerosis evident when she first exhibited constitutional disease? I answer that this is common. In nearly one half of all cases, especially of untreated cases, we can find the characteristic induration remaining when the first explosion of the general disease occurs. The more extensive the induration, the longer its survival. Often upon the genitals we find ulcerated chancres co-existing with syphilides of of the skin. The chancres have then survived their usefulness as nests of lawless cells. They are, indeed, no longer chancres —they have been transformed, altered in aspect and character, as Fournier has well shown. They have become secondary acci-

dents—most often have been changed into elevated mucous patches or giant papules. There is then nothing anomalous in our discovery of this little nodule on the girl's finger at this time.

We thus conclude at the very point where the syphilitic history of our patient began; and, unless I am mistaken, all obscure histories are to be followed up in pretty much the same way. By the course pursued, we have done something else beside gaining instruction for ourselves. We have established by evidence that ought to be received in a court of law, first, the good moral character of this young girl, second, the guilt of the author of this chain of calamities, by which three presumably innocent individuals have been infected with a loathsome disease.

Lastly, we have been enabled, by recognizing the character of the malady, to put our patient on the road to a prompt recovery. I have already called your attention to the influence of a single week of treatment. We gave her mercury internally, and merely directed her to wash the affected parts carefully with soap and water, and afterwards to dust some dry calomel over the patches. This is a sufficiently simple treatment. In private practice, we should probably have been urged to pursue the most energetic measures possible, and then we might have subjected the patient to the fumes of mercury in a vapor bath. In the large cities we often send such cases to the bath houses, when we are sufficiently fortunate to find those the proprietors of which will not tamper with our patients. But this is rare enough. Those of you, however, who may practice in localities where these vapor bath establishments are not accessible, can accomplish the desired end, equally well though with more trouble, by the extemporaneous aid of a blanket, a kettle of hot water to supply vapor, a spirit lamp and a tin plate containing calomel or cinnabar, or the two in combination.

By these measures we can readily bring about the disappearance of the external leisons. Then should follow a continued, faithfully conducted, gentle course of mercurial medication, never pushed to the production of salivation or any other of the toxic effects of the metal, but pursued so that nutrition may be encouraged rather than impaired.

II.

The next patient before you is a woman of respectable appearance, 43 years of age, living with her husband, in the nineteenth year of her marriage. She tells us that in about one year and a half after her marriage her troubles began with an ulcerated sore throat, soon followed by what she describes as an attack of paralysis on the right side. In 1858, she had an attack of asthma, from which she entirely recovered. Since 1872 she has suffered from frequent attacks of what she calls "inflammatory rheumtism," affecting chiefly the extremities. For fifteen years she has suffered from ulceration affecting the right leg, and, now that she has removed from it the dressings, you can see what a deformed and useless member it is. During all these years a battle has been raging between ulceration and repair over almost its entire surface, and until very lately the destructive forces have had the better of the contest. At present you can see only eight or ten clean-cut, circular, granulating ulcers, in size varying from a silver quarter to a half of a dollar, distributed irregularly from below the external malleolus to the tubercle of the tibia. But, extending from each of these in various directions you can see well defined disks, with borders as clearly rounded as the lip of a saucer, made up of young, newly formed and imperfectly formed epidermis. These are the beds of old ulcers, let in, as it were, beneath the sound integument to the depth of one or two millimetres, just now flesh-colored in hue. If she continues to improve, these will eventually show as typical scars, at first pigmented, afterwards of a dead white color, unattached to the deeper tissues, capable of being pinched up between the finger and thumb, and showing by reflected light a certain degree of lustre.

Long disuse of this limb has brought about atrophy of the muscles, and a general feebleness of all the elements which make up its structure. There is no calf of the leg—it is of about the same circumference from below the knee to the ankle. At first the disuse and a dependent position, aided probably by bandages wrapped around the leg and not the foot, induced œdema of the foot—a puffiness, into which the finger could be pressed for some distance. But the years have changed all this. Hyperplastic exudation has transformed this foot into the swollen, dense and

almost shapeless mass you now see before you—seamed with deep furrows, where once were the normal lines of depression, and bulging out here and there in masses, upon which my finger pressing with considerable force makes no impression. It is quite suggestive of elephantiasis, but it is a simple hypertrophy, due originally to the gravitation of the blood.

I now apply this eight-yard bandage snugly from the toes to the knee, covering in the ulcers and their dressings. This will aid in bringing about resorption of the plastic effusion in the foot, and in permitting the ulcers to heal by relieving them of blood pressure in excess from above. She finds the limb thus dressed far more comfortable.

(The patient was then removed from the room at the request of the lecturer.)

The woman who has just left us, gentlemen, is suffering from syphilis. She, however, suspects neither the cause nor character of her complaint, and I know of no good object to be gained by informing her of the facts. I have never asked her a question about the origin of her disease. It was Mr. Hutchinson, of London, I believe, who said that it was a useless cruelty to ask a a married woman if she had ever suffered from syphilis. Moreover, her statements, either upon one side or the other of such an enquiry would be without value to us. We know more upon this subject than she is in position to know. The mucous tract of the the vagina and vaginal envelope of the cervix is extensive; and primary syphilitic lesions here are often insignificant, short-lived and entirely unrecognized by women who are thus infected.

On the evidence furnished by this leg alone, we could affirm this woman to be syphilitic. But on this scrap of paper in my hand I have further interesting corroborative evidence taken from her own lips. It is a record of her pregnancies, and reads as follows:

1*st Pregnancy*—Boy and girl, twins; born at full term in 1861. Living at this date, and in good health.

2*d Pregnancy*—At the seventh and one-half month; miscarriage, in 1865.

3*d Pregnancy*—At full term, a boy; still-born, 1866.

4th Pregnancy—At full term, a boy; 1867. He lived to be eleven months old and died of "catarrh in the head."

5th Pregnancy—At full term, a girl; 1868. She died when nine months old; cause of death unknown.

6th Pregnancy—At full term, a boy; 1869. Now living.

7th Pregnancy—At full term, a girl; 1870. Died when nine months old; "teething."

8th Pregnancy—At full term, a girl; 1874. Died when four months old of "difficulty with the lungs."

9th Pregnancy—At full term, a girl; 1876. Died when three months old; "teething."

What a record! To him who can read it aright it tells a tale of marital infidelity, syphilis and the blighting effect of the parents' disease upon the fruit of their union. More, it tells, within a few years, of the date when the poison began to do its work. Let us examine it somewhat in detail.

It is clear that both parents were healthy when the first pregnancy was terminated. The twins then born are still living and healthy. About one year and a half after the marriage the mother had an ulcerated sore throat, the probable result of syphilis contracted from her husband after the birth of these children. Now, when both parents are syphilitic, and the syphilis of the wife is unrecognized and untreated, what is the general result so far as regards gestation? First, we have abortions from a blighted embryo. Then, as the years roll by (and, as you know, measuring by pregnancies means measuring by years), we have still-births; then a series of children born who survive but a few months. Lastly (as there is an end to almost everything in this world, even to the power to transmit syphilis to one's offspring, thanks to the conservatism of nature), we find children born who survive childhood but are yet apt to betray symptoms of the disease.

Now, look at the series in this instance occurring after the birth of the twins, and after the syphilitic infection we have demonstrated. First, a miscarriage; then a still birth at term; then a baby, who expired in its eleventh month, suffering from "catarrh in the head," as she called it—probably the snuffles from mucous patches in the nostrils;—then a child, who did not

survive its ninth month; then came a boy, who is still living. At this point must have occurred one of those periods of repose which we constantly observe when syphilis is waning. The fury of the storm was over. But I have taken pains to examine this boy carefully—as he is not here, you will have to take my word for the truth of my statements—and his central upper incisor teeth are clearly pegged and notched, in the manner described by Hutchinson as typically characteristic of hereditary syphilis. After this boy were born three girls. All of them died of diseases to which we get no clue from the mother—they probably suffered from obscure visceral lesions due to infection. Look at the net result. One boy, the sole survivor of eight impregnated ova, after the first gestation with twins. How fatal should we consider an epidemic that could thus so nearly destroy an entire family!

The mother, who has just left us, is improving rapidly under the administration of the potassium iodide, of which she has gradually been enabled to take four grams daily. She is even enabled to get about on her feet for the first time in years. Had she been treated earlier, and her husband subjected to the same treatment, some of their children might have been saved. But she is approaching the period of the menopause, and the past is irrevocable. Locally we are dressing her ulcers with a weak mercurial ointment.

We have made no special investigations of the effect of quinia given in *diseased* conditions. In one case of syphilis which we observed, there was a marked increase in the red corpuscles 1,043,130 under the administration of cinchona sulphate.

There was in *health* a slight diminution in the number of red corpuscles and a marked increase in the number of the white, after the administration of a large dose of quinia sulphate. (Drs. Cutler and Bradford, *Amer. Jour. of the Med. Soci.*, Oct., 1878.)

Original Communications.

MEDICAL GYNÆCOLOGY.

By J. H. Etheridge, A. M., M. D.

Professor of Therapeutics and Forensic Medicine in Rush Medical College, Attending Gynæcologist to Central Free Dispensary.

A common complaint made by young physicians, is, that they are unsuccessful in the local treatment of uterine diseases. This complaint is "common" because errors in, or omission of, proper treatment additional to local applications, is "common." Physicians who commence practice with the frequently-entertained, but exceedingly erroneous, idea, that the uterus is the *fons et origo mali* in all "female diseases," and that "local treatment" is *the* curative means to be instituted for curing them, will prove to be unsuccessful practitioners, or will very soon change their ideas of the pathology of these disorders, and change their treatment.

It is exceedingly rare to find a so-called gynæcological case that does not present some serious departure from health in some organs or functions other than those peculiar to the sex of the patient.

Any physician, unmindful of the universality of this fact, who will examine carefully in detail, in the first score of gynæcological cases, the *nervous, respiratory, circulatory, digestive and urinary systems*, and the general conditions presented by them of each patient, will be profoundly impressed with the idea that the symptoms of uterine disease are but a portion of the conditions demanding his attention. This is a point that, in gynæcology, has been much written upon in the past generation. No review

of the opinions, on the relations of the disorders of the female generative organs to the general conditions referred to, is here intended. These opinions are accessible to any physician, who can read them himself. It may not be superfluous, however, to state that some authors have affirmed that the maladies of the female generative organs produce the general symptoms from which these patients suffer. Cure these generative maladies, and the general symptoms will be removed, they claim. Then, again, other authors have denied that gynæcological disorders produce general symptoms. These two classes of pathologists have written and argued over this point till severe things have been said of writers, till hard names have been called, till, in one instance, a professor went so far as to take another author's book into the lecture-room, and, before a class, to denounce the writer and his ideas, and then to tear up the book and, in a rage, to fling its fragments on the floor. As early as the beginning of this century gynæcologists had ranged themselves into two parties, which are distinct and separate to-day. They maintain their positions as resolutely as though they were dealing with a question of national finance or church polity, and nothing has budged them from their convictions.

As is usually the case in such contests, one party is right in some cases, and the other party is wrong; in other cases their positions are reversed, and, in still other cases, both parties are wrong, the truth lying midway between them. Every gynæcologist has seen cases where local treatment has cured the local trouble and removed the general symptoms. He has seen cases where protracted treatment has improved the uterine condition, and, not at all, or only very slightly, improved the patient as to general symptoms. Then, again, he has treated cases fruitlessly for a long time, when, upon resorting to medicines in addition to local applications, he has found his patient's condition improve at once. This good result, and this negative result from local treatment used alone, I have seen so often and so discouragingly, that, for investigation, I have been in the habit for a long time, through the efficient assistance of Dr. B. W. Griffin, of taking very complete histories of my cases at the Central Free Dispensary. What this work may lead to I am unable to predict,

but I can say that it has modified my practice to such an extent that the administration of medicines forms a large part of the treatment used. Where an alimentary canal trouble, as indigestion, costiveness, constipation, etc., exists, medicines are administered to correct this departure from health. Where rheumatism or syphilis or scrofula, anæmia, or that Protean monster, the gouty vice, is met with, appropriate remedies are given. It matters not whether a disorder be met with in the *nervous alimentary, respiratory, circulatory, renal* or *cutaneous system*, some remedial measures, in all gynæcological cases, besides local treatment, must be resorted to.

To illustrate the universality of general symptoms in gynæcological patients. 50 cases, as they came to the dispensary, are herewith presented. They are not selected—they are consecutive cases. Fifty only are presented, because that number illustrates the end sought as well as fifty thousand cases would illustrate it. These patients are such as are met with in a large cosmopolitan dispensary and are, of course, from among our poorer classes, acquainted with hard work, privations, scant tables and garments, and, in many instances, with an unbroken series of years of either gestation or suckling. These cases, taken from the case sheets numbered consecutively, ran back from date—August 20, 1878, till the requisite number has been reached.

Case taking has been followed, in this dispensary work, with rigid uniformity. First, is annotated what the patient of her own accord complains of; in most instances her own words are used, enclosed in quotation marks. It is instructive to notice the universality of abnormal sensations described. A pain somewhere is invariably complained of. After the patient has delineated her complaints, the real work of case taking is begun. The various systems of the human organism are carefully questioned in topographical order, from above downwards. First the *nervous* system is examined, second the *alimentary*, third the *respiratory*, fourth the *circulatory*, fifth the *renal*, sixth and lastly, the *cutaneous*. Under the nervous symptoms are noticed all pains and abnormal sensations arising from any cause whatever. The more elaborate means used in questioning the nervous system were not resorted to.

Under all of the other divisions is annotated whatever is found that can be properly classed thereunder. Occasionally a symptom is found which can be classed under one of two divisions—*e. g.*, *vertigo*, which may be be considered a *nervous* or a *circulatory* symptom.

Following this, is an examination of heredity, family diseases and idiosyncrasy. Next, the patient is examined with regard to the functions and organs peculiar to her sex, menstruation, abnormal vaginal discharges, and the condition of the uterus and its annexæ. It will be observed that the last class of symptoms is entirely omitted from the table herewith presented. Only those symptoms are given which are observed aside from the gynæcological aspect of the cases:

No. of Case and Diagnosis.	Nervous.	Alimentary.	Respiratory.	Circulatory.	Renal.	Cutaneous.	Remarks.
CASE 1. Endocervicitis.	Frontal and occipital cephalalgia. Lumbar rachialgia. Thoracic muscular pains. Pains in epigastrium, hypogastrium and ovarian regions.	Tongue coated white. Bad taste in mouth mornings. Gastric indigestion. Tympanites. Constipat'n (tri-weekly evacuations). Occasional hæmorrhoids.	Chronic post-nasal catarrh.		Urine deposits reddish brown sediment.		
CASE 2. Endocervicitis.	Frontal, coronal and occipital cephalalgia. General arthritic pains Burnings in soles of feet. Numbness of hands and forearms.	Bad taste in mouth mornings.	Chronic post-nasal catarrh.	Frequent palpitation. Vertigo occasionally.	Urine deposits heavy mucous precipitate. Urinates far too frequently.	Has brown spots under skin of face.	Says she "has had rheumatism for years."
CASE 3. Subinvolution.		Foul breath and very bitter taste in mouth mornings. Anorexia mornings. Tympanites evenings.					Supposed cause is her last labor.
CASE 4. Split Cervix (double) Hyperplasia.	Frontal and occipital cephalalgia.	Thickly coated tongue, white. Bad taste in mouth. Gastric indigestion. Tympanites. Left lobe of liver enlarged.			Urination followed by pain along ureters for two or three minutes.		
CASE 5. Hyperplasia and catarrh of uterus.	"Rheumatism" in the shoulder. Lumbar and sacral rachialgia.	Brown tongue. Bitter taste in mouth. Anorexia. Obstinate constipat'n always demanding cathartics.		Occasional vertigo.			Stands erect with difficulty. Walking or riding produces great pain in lumbar region.
CASE 6. Uterine Catarrh and Hyperplasia, and urethral vascular tumor.	Coronal and occipital cephalalgia. Sacral rachialgia. Frequently has shooting pains all over.	Gastric indigestion. Tympanites. Constipation.		Occasional palpitation and vertigo.	"Passes water fifty times a day" and three or four times every night. Urine deposits uric acid.		

No. of Case and Diagnosis.	Nervous.	Alimentary.	Respiratory.	Circulatory.	Renal.	Cutaneous.	Remarks.
CASE 7. Endometritis and endocervicitis.	Frontal Cephalalgia. Lumbar rachialgia.	Tympanites.					
CASE 8. Endocervicitis.	Occipital, coronal and frontal cephalalgia. Thoracic, lumbar and sacral rachialgia.	Bad taste in mouth mornings. Occasional vomiting. Gastric dyspepsia.		Exertion produces palpitation.			Often has muscular rheumatism with hyperæsthesia.
CASE 9. Spammenorrhœa	Temporal cephalalgia on both sides.	Bad taste in mouth mornings. Yellow tongue. Anorexia by spells. Constant tympanites. Cannot eat eggs. Craves acids.	Exertion produces dyspnœa.	Exertion produces palpitation. Cold feet.			Has had rheumatism.
CASE 10. Amenorrhœa.	Constant frontal and temporal headache.	Bitter taste in mouth mornings. Obstinate constipation.	Exertion produces shortness of breath.	Palpitation produced by fright or exertion.	Lithic acid deposit in urine. Occasional pain over kidneys.		Has never menstruated. Has menstrual prodromata about middle of every month. Aged 17 years.
CASE 11. Endocervicitis.	Coronal cephalalgia. Lumbar rachialgia.						Had an indurated chancre in June, 1877. Says that every three or four weeks has sore throat unconnect'd apparently with menstruation, which occurs every four weeks.
CASE 12. Endometritis and endocervicitis.	Frontal cephalalgia. Sacral rachialgia	Bad taste in mouth mornings. Tympanites and constipation.		Occasional palpitation. Face flushes often and mind at same time becomes confused.	Lithic acid and mucous deposits in urine. Often feels too weak to hold her water.		Is sucklinga babe.

No. of Case and Diagnosis.	Nervous.	Alimentary.	Respiratory.	Circulatory.	Renal.	Cutaneous.	Remarks.
CASE 13. Split cervix and general hyperplasia of uterus.	Coronal cephalalgia. Weight at back of head. Lumbar rachialgia.	Gastric and intestinal indigestion. Great pain precedes bowel evacuations.		Occasional palpitations. Has cold feet a great deal.	Urine dep sits mucus and lithic acid. Some days passes it every hour.		Locomotion exhausts her greatly. Can scarcely stand erect upon arising mornings.
CASE 14. Endocervicitis and chronic vaginitis.	Frontal and coronal cephalalgia. Has a sick headache every 4 weeks. Has hot and cold flashes all over.	Teeth reduced by caries to roots and stubs. Gastric and intestinal indigestion. Constipation.	Coughed a great deal, first and last.	Palpitation every day. Cold feet and legs.			
CASE 15. Ante-flexion, chronic endometritis and endocervicitis.	Muscular pains and occasional stiff joints.		Coughs and raises a little mornings. Bronchial congestion.		Urine deposits lithic acid.		
CASE 16. Endocervicitis.	Lumbar rachialgia. Vertigo.	Bad taste in mouth mornings. Obstinate constipation.		Cold extremities.			
CASE 17. Metrorrhagia.	Coronal cephalalgia. Thoracic rachialgia.	Bad taste in mouth mornings. Gastric and intestinal indigestion. Constipation. Has "summer complaint" every 2 or 3 weeks.		Much palpitat'n and cold extremities.			Locomotion produces palpitation, trembling and pains in legs.
CASE 18. Subinvolution.	Occasional frontal cephalalgia. Sacral rachialgia, exaggerated during menstruation.	Tympanites prior to menstruation.					Is spammennorrhœic. Pains in right knee 3 or 4 days before menstruation.
CASE 19. Endocervicitis.	Coronal cephalalgia.	Bad taste in mouth mornings. Gastric dyspepsia.					Suckling a babe. Is constantly tired.

No. of Case and Diagnosis.	Nervous.	Alimentary.	Respiratory.	Circulatory.	Renal.	Cutaneous.	Remarks.
CASE 20. Metrorrhagia.	Coronal cephalalgia.	Very yellow tongue. Anorexia. Occasional tympanitis.		Occasional palpitation and vertigo. Cold extremities.			Has had two attacks of rheumatic fever lasting 9 and 5 months respectively.
CASE 21. Prolapsus of bladder.	Coronal and occipital cephalalgia. Lumbar rachialgia.	Capricious appetite. Occasional gastric indigestion. Constant tympanites. Constipation.		Freqnent palpitation of heart.			Is of the rheumatic diathesis.
CASE 22. Chronic Endometritis and chronic vaginitis.	Frontal, coronal and occipital cephalalgia. Constant lumbar rachialgia.	Bad taste in mouth mornings. Gastric dyspepsia. Tympanites and constipation—once went 24 days.			Urine leaves a white precipitate upon cooling.		Has had repeated ischio-rectal abcesses. Has now 3 or 4 fistulæ.
CASE 23. Endometritis.	Coronal cephalalgia. Occasional migraine. Pain encircling body through ovaries and sacrum.	Foul tasting mouth mornings. Gastric dyspepsia.					Passed menopausis 1 year ago.
CASE 24. Amenorrhœa.				Vertigo for 3 days, a great deal at menstrual epoch.			Is 16 years old. Has menstruated only 3 times, Dec., Jan. and Feb., last time being 3 months ago. Took cold and has not menstruated since.
CASE 25. Endocervicitis.	Temporal cephalalgia. Pain across epigastrium, Lumbar rachialgia.	Always bad taste in mouth mornings. Cheese always produces acute dyspepsia.		Suffocation spell always follows the extinguishing of light at night, without which she cannot sleep.			

No. of Case and Diagnosis.	Nervous.	Alimentary.	Respiratory.	Circulatory.	Renal.	Cutaneous.	Remarks.
CASE 26. Subinvolution and Uterine Catarrh.	Much of frontal, and an occasional coronal cephalalgia and lumbar rachialgia. Frequently has "fearfully nervous spells."	Foul taste in mouth mornings. Gastric indigestion. Tympanites since childhood. Always constipated.		Pulse intermittent. Has cold feet.	Lithic acid and mucous deposit in urine.		Has had 6 abortions within the past thirty months.
CASE 27. Amenorrhœa.		Appetite poor. Gastric dyspepsia. Costiveness.		Exaggerated cardiac action. No organic heart disease.			Aged 15 years. First 4 menstruations were regularly two months apart. Since then she is unwell every three months regularly.
CASE 28. Amenorrhœa.	Coronal cephalalgia.	Gastric indigestion.					
CASE 29. Mucous Polypus (small) and endocervicitis.	Frontal cephalalgia. Hot, boring, sacral rachialgia.	Bad breath. Bad taste in mouth mornings. Flatulent dyspepsia. Great tympanites before menstruation.					
CASE 30. Retroflexion and endometritis.	Occasional headaches. Lumbo-sacral rachialgia. Has "frequent nervous spells."				Profuse polyuria after nervous spells.		
CASE 31. Endometritis and "ulceration."	Neuralgic headache in temples and eyes frequently. Pain down left sciatic nerve during menstruation.	Bad taste in mouth mornings. Extreme constipation, sometimes 14 or 15 days.					
CASE 32. Endometritis.	Great pain in temples at menstrual epoch. Sacral rachialgia.	Bad taste in mouth mornings. Obstinate constipation.					

No. of Case and Diagnosis.	Nervous.	Alimentary.	Respiratory.	Circulatory.	Renal.	Cutaneous.	Remarks.
CASE 33. Endometritis.	Continuous cephalalgia, frontal or occipital. Sacral and lumbar rachialgia.	Yellow tongue. Carious teeth. Bad taste in the mouth mornings. Anorexia.					Locomotion produces excessive fatigue.
CASE 34. Endocervicitis.	Temporal cephalalgia before menstruation or upon becoming fatigued. Sacral rachialgia	Poor appetite Constipated habitually.					
CASE 35. Endometritis.	Coronal cephalalgia. Sacral and lumbar rachialgia.	Carious teeth. Yellow tongue. Bad taste in mouth mornings Gastric dyspepsia. Constipation.	Chronic bronchitis, with profuse expectorations.	Palpitation and dizziness upon exertion.	Lithic acid deposited in urine.		
CASE 36. Endocervicitis.	Coronal cephalalgia. Sacral rachialgia. Pain in both groins.	Anorexia. Gastric dyspepsia. Constipation.	Post-nasal catarrh.	Momentary dizziness coming on frequently.	Lithic acid deposit.		
CASE 37. Endometritis.	Coronal cephalalgia. Sacral rachialgia. Pain in groins upon exertion. Submammary pains.	Poor appetite. Constipation. Occasional hemorrhoids.	Out of breath easily upon exertion.	Palpitation upon exertion.	Uric acid deposited in urine.		
CASE 38. Subinvolution.	Frontal and coronal cephalalgia. Sacral rachialgia. Pains in hypogastrium, and up and down the thighs.	Anorexia. Gastric indigestion. Constipation.					
CASE 39. Subinvolution.	Frontal cephalalgia. Much pain in hypogastrium and over sacr'm.	Gastric and intestinal indigestion.			Has had attack of gravel for 2½ years. Passes bloody urine after the attacks.		
CASE 40. Endocervicitis.	Much pain all along the spine, excepting when pregnant.						Menstruates very irregularly. Used to h've terrible dysmen'rhœa prior to 1st pregnancy.

No. of Case and Diagnosis.	Nervous.	Alimentary.	Respiratory.	Circulatory.	Renal.	Cutaneous.	Remarks.
CASE 41. Endocervicitis.	Daily temporal and occipital cephalalgia. Rachialgia, thoracic, lumbar and sacral.	Appetite variable. Gastric dyspepsia. Constipation.			Urine deposits lithic acid.		
CASE 42. Rectocele.	Severe coronal cephalalgia. Pains in left side and groin, and left thigh to knee.	Anorexia. Gastric dyspepsia. Obstinate constipation.	Easily out of breath.	Palpitation upon exertion.	Lithic acid deposit in urine.		
CASE 43. Subinvolution.	Extreme coronal cephalalgia. Sacral rachialgia. Pains in hypogastrium.	Appetite very capricious. Gastric dysdepsia. Constipation.		Palpitation daily.	Uric acid deposit in urine.		Menstruated first at 20 years of age.
CASE 44. Cervicitis and endocervicitis.	Daily very severe coronal and temporal cephalalgia. Pain along the whole of the spine.	Appetite very changeable.	Easily put out of breath. Post-nasal catarrh.		Urine deposits lithic acid in great abundance.		
CASE 45. Hyperplasia with endometritis.	Great lumbar rachialgia.	Acid and flatul'nt dyspepsia. Vomiting very common and distressing. Almost starved on account of dyspepsia.		Palpitation.			
CASE 46. Subinvolution.	Burning coronal cephalalgia. Pain in lumbar and sacral regions.	Anorexia in morning. Nausea. Gastric dyspepsia. Costiveness.			Urination produces smarting and scalding sensations.		
CASE 47. Hypertrophy of cervix and endocervicitis.	Coronal and occipital cephalalgia. "Sick headache."	Anorexia. Constipation.	Easily put ont of breath.	Exertion causes palpitation.			
CASE 48. Subinvolution.	Pain in frontal and coronal regions a great deal. Much pain in hypogastric and inguinal regions.	Anorexia. Gastric dyspepsia. Defecation always produces great pain.		Vertigo frequently.			

No. of Case and Diagnosis.	Nervous.	Alimentary.	Respiratory.	Circulatory.	Renal.	Cutaneous.	Remarks.
CASE 49. Subinvolution. Retroversion and metrorrhagia.	Pains in both groins and lumbar region.	Intestinal dyspepsia.			Urinates too often.		
CASE 50. Subinvolution.	Hypogastric pains for two years past.	Great tympanites.					Very spammenorrhic. Is very easily used up by exertion.
CASE 51. Cervicitis and left lateroflexion.	Lumbar rachialgia.	Has gastric indigestion.		Palpitation very much.	Uric acid deposit in urine		Is continually languid and low spirited.
CASE 52. Subinvolution, menorrhagia and uterine catarrh.	Frontal cephalalgia. Lumbar rachialgia. Groin pain during menstruating.	Gastric dyspepsia. Tympanites.					

The first thing especially noticeable in the foregoing table is the uniformity of nervous and alimentary symptoms. The more important of the two are the alimentary derangements, because they invariably produce abnormal sensations, in some instances leading neurologists to make some astonishingly learned but frequently erroneous diagnoses. The stickler for exactitude of knowledge of the pathological relations in these cases, will at once begin to query as to whether the uterine disorder cause the alimentary disorder, or whether cause and effect are the reverse of this, and thus at once plunge into the midst of the old, old discussion from which, as yet, but very little of lasting good has been evolved. The writer wishes to call urgent attention to the necessity for special medical treatment of all cases of alimentary derangements, met with in gynæcological cases, irrespective of what produces them, accepting the fact of their existence as an indication for special treatment. This, of course, makes every gynæcologist a careful inspector of every factor and function of alimentation. He must, of necessity, examine the teeth, tongue, stomach, liver, spleen, intestines, rectum, ascertain if the food be well chewed, be properly cared for in the stomach, and supplied with the necessary digestive juices in the intestines, and if the *refuse material* is freely and regularly evacuated from the system. If 1,000 consecutive, miscellaneous dispensary patients could be examined with care and exactitude, and the universality of alimentary derangements pointed out, much surprise would be excited that there are not specialists devoted to the consideration of alimentary maladies. Defective digestion produces poor blood, and one of the accompaniments of an inferior quality of blood is a variety of abnormal nervous sensations or manifestations, varying according to the temperaments or idiosyncracies of the different patients. If this defective digestion and impoverished blood in gynæcological cases exist for months or years, cases whose long duration we see daily, we are sure to see evidences of some profound neurologic lesion capable of being christened by some ponderous name. Then these patients are said to have some nervous disease and are pronounced permanent invalids. One will be surprised frequently to see how quietly nervous symptoms will gradually disappear upon the correction of a dyspepsia, or

the removal of a costiveness or a constipation. Every physician will acknowledge that a patient constantly carrying around with her a load of excretion, indicated by the muddy sclerotic, foul tongue, bad taste in the mouth mornings, icteric, lifeless skin, sluggish bowels and loaded urine, can no more produce good blood and hope to be free from multifarious pains, than she can hope to pass through confinement painlessly. Yet the majority of gynæcological cases present this condition with an astonishing uniformity. The longer they have had uterine disease, the more deeply is this condition intensified. Every physician also knows that he seldom sees a case of uterine disease demanding treatment, where the patient presents a bright eye, a clear tongue, a faultless digestion, no pains, elastic step and a vivacious manner. Could every case be followed from the day that the patient first departed from the line of the exact physiological function of all of the organs of her system, it would readily be comprehended how and why it is that it is almost impossible to meet with a woman perfectly healthy. Over forty years ago Marshall Hall called the attention of the profession to the prime necessity for promoting excretion from the system, thus preventing auto-inoculation with excretion poison, a source of a large proportion of ailments which physicians treat.

We all know the peculiarly vicious, sickening odor of the breath of an habitually costive patient, whose absorbents are incessantly sucking up from the colon its fæcal load and carrying it into the circulatory torrent, whence it seeks other outlets, notably the lung and skin, producing bad breath and a lifeless looking skin. Such patients are pergrinating privies, endeavoring constantly to defecate through the lungs and skin. Such excessively bad blood as these patients make, will supply their nerve centers with just the right sort of pabulum to ensure abnormality of function, and we will be called upon to prescribe for various pains, for a functionally disordered circulatory system, and for the various diseased conditions of the generative organs. I am convinced that some of the painful conditions of the ovaries so commonly met with, are produced by the impoverished blood that such patients present. I recall especially one dysmenorrhœic patient from among the many that I have treated, who had

suffered almost infinitely from "inflammatory" disorder of the right ovary. She had been blistered, cupped, unguented variously over the ovary; had had local treatment, and had had the most approved and atrocious varieties of treatment during several years, from various physicians, and continued to successfully and satisfactorily grow worse. When called to her, I found her bedridden, a condition that she had then enjoyed for five months. The most excruciating tenderness of the ovary was elicited by pressure. Assuming the upright position, and especially walking, greatly increased her pains. Menstruation was an event which totally capped the climax of her sufferings, which were then so terrible as to necessitate intoxicating amounts of gin or anæsthesia from chloral or chloroform. When summoned to see the patient, I was informed that I was called to "prescribe for a probably forming pelvic abcess," another physician having so pronounced it. I found her as above described, with many other symptoms. She had a constant cephalalgia, a most rebellious constipation, excreted a very large amount of uric acid, and was anæmic to a moderate extent. The constipation and anæmia were soon done away with, but a large amount of uric acid was still noticeable. Recognizing the lithæmic vice, the patient was put upon colchicum and citrate of potassium. Slowly she improved, the ovarian tenderness disappeared, and the dysmenorrhœa became comfortable enough to endure by simply remaining in bed. I first saw and prescribed for this patient three years ago, and in six months she was able to go without intoxicants or analgesics during menstruation, to walk and ride and to spend the day out of bed. Since that date she has taken the various anti-lithic remedies *pro re nata*, and has maintained a satisfactory condition of health, having made journeys and resumed her former occupations. From first to last I used no local treatment whatever. The removal of excretive matter from the system and the improving digestion to the extent of allowing uric acid to be oxidized to the dignity of urca, and thus annihilating the lithemia, which seemed to completely saturate her system, gave her system a pure blood and removed her sufferings. In this case medical gynæcology seemed to wholly answer my purpose.

Thus far I have spoken only of remedies for alimentary dis-

orders. With regard to the respiratory and circulatory functional disorders, it may be added that, to a large extent, they are dependent upon imperfect alimentation. The same may be said of so-called renal disorders. The lithic acid diathesis is commonly associated in the medical mind with kidney derangement, whereas it is *wholly* dependent upon defective alimentation. Perfect digestion will always secure the proper proportions of urinary constituents. Colchicum and potash, vaunted so highly in lithiasis, the former for exciting the kidneys to "remove uric acid from the system," and the latter for "dissolving uric acid out of the blood," are now thought to exert their good effects *wholly* upon the ferments of the alimentary canal juices, and thus to promote perfect digestion.

When we reflect that so large a proportion of the gravest disorders of the human system, as anæmia, lithæmia, rheumatism, rickets, scorbutus, scrofula and tuberculosis can be more or less directly traced to the imperfect construction of good blood; when we recall that the latest conviction in the minds of epidemiologists concerning the liability of human beings to be stricken down by epidemics is, that they go soonest who are in the lowest grades of general health, although engaged in their usual avocations, and, that they who are in a perfectly sound physiological condition seldom or never fall before epidemics; when we consider that the so-called "predisposing cause" of disease resident in everybody can be, when eliminated from erroneous theories, brought down to the then existing condition of the blood, and made conspicuous and powerful in proportion to the deteriorated condition of this vital fluid, we can see the constant necessity that physicians are under to see to it that their patients should make the best of blood. Inspection of the latest works on practice all point to the one idea underlying all treatment, that good blood is a *sine qua non* to a return to health.

Two or three objections may be raised by physicians to the method of practicing gynæcology so evidently indicated herein. One objection is, that prescribing for the various derangements found in cases of female maladies is nothing more nor less than *general prescribing*. The admission is candidly made that this claim is a solid and commendable one. If the outlook of gynæ-

cology as a science is to be obscured by the danger of prescribing for all of the symptoms that its cases present, then is it so much the worse for this "science." It must *as* candidly be admitted that, in so far as gynæcologists can separate this so-called "science" from the general science of medicine and surgery, will they be able to obfuscate the minds of the ordinary medical practitioner with the error or heresy that gynæcological cases need *special* care and skill, and that they thus pass beyond the necessity for general prescribing. That physician is the safest gynæcologist who fails not to lose sight of the fact that the good health of women is but the other name for the perfect performance of function in her *nervous, alimentary, respiratory, circulatory, renal and cutaneous* systems; and at the same time that he judiciously makes local applications, he *as* judiciously prescribes appropriate remedies for whatever symptoms are presented for his consideration.

Of course the consideration of the treatment of these symptoms or conditions cannot be here taken up, for it would necessitate the writing of a small volume on practice. The only guide to follow is a carefully digested knowledge of physiology, pathology and therepeutics. These teach us the inseparableness and inter-dependence of the organic functions, the unification and harmonizing of which is the *only* thing that a physician ever strives to attain in any patient.

Another objection that can be offered is, that using local treatment and, at the same time, resorting to general prescribing, tend to ignore the differentiating between local and general diseases. This objection, repeatedly advanced, savors so offensively of prejudice and ignorance, in that it compels one to announce that he arrays himself upon the side of one or the other of the two factions in the ranks of gynæcologists spoken of early in this paper, that it reminds one of Sangrado's fixedness of theory of bleeding in the measles. The men raising this objection seem *determined* to have a theory to practice in accordance with. They seem, apparently, to consider themselves incapable of practicing unless they can tell precisely which first departed from the healthy standard, the generative organs or the general system. So long as they *will* have a theory, and *will* practice in accord-

ance therewith, and *will* fail to cure some easily curable cases because of their dogged determination to play Procrustes in medicine, why they must be allowed to frame theories, to stick to them and to make brilliant failures.

After all that has been said thus far, the question may arise what are the results of administering medicine along with local treatment to gynæcological patients? Dispensary practice is, perhaps, not the best field in which to observe results. Patients come once and physicians are never sure of their return. However those who have returned for continued treatment, present a percentage of improvement overshadowing that obtained before general medication was used, to such an extent that I have been astonished.

In addition to correcting alimentary disorders (a class of troubles present in at least nine out of ten patients treated), and other functional derangements wherever found, I have made very free use of ergot fluid extract. In all cases of recent uterine enlargement from whatever cause, or of endometritis, or in any case presenting profuse catarrhal discharge, ergot does good. One of the first remarked good results of it, is the diminution of the various pains about the pelvic region. I frequently give ergot alone for a week before examination or treatment, and it is common to hear of the above mentioned good results. (I hope to be able to present, at no distant day, some points upon the initial use of ergot in gynæcology that shall be of great service by way of aiding in diagnosis.) Enlargement from hyperplasia is but little affected *permanently* by ergot. Enlargement from recent labor or abortion, *especially if accompanied by* PROFUSE LEUCORRHŒA, is in nearly all cases relieved *without local treatment*, by free catharsis, quietude and ergot used largely. Nearly all cases of inflammatory uterine disorders having metrorrhagia as a common accompaniment, will be astonishingly benefited by ergot used continuously, till cured. I particularize thus concerning ergot because it is so largely useful in these maladies. It cannot be taken by all patients. Some women are so dreadfully nauseated by it that its use has to be abandoned. A few patients can bear ergotine who cannot bear ergot fluid extract. Still there are others who cannot take ergotine.

In urging the claims of Medical Gynæcology, the writer wishes to be distinctly understood as desiring to advocate a recurrence to the good old-fashioned way of regarding *all* diseases as manifestations of the disturbance of relations between *waste* and *repair*, an equality of which means HEALTH. This idea is older than any physician living to-day. In the modernized craze for refinements in etiology, pathology, diagnosis, and for mutiplicity of specialties, this simple and trite fact is too often overlooked. If enquiry of each system of the human organism reveal any departure from health, let the physician busy himself with correcting it. He should never lose sight of the utter, the fantastic absurdity of supposing that there can be an overshadowing necessity for avoiding medication for the almost invariably accompanying functional disorders presented in uterine maladies, as is only too commonly done by physicians to-day.

603 MICHIGAN AVENUE.

THE EPIDEMIC OF SMALL-POX IN CHICAGO DURING 1877.

BY J. SUYDAM KNOX, M. D., Asst. Commissioner of Health, Chicago, 1877.

(Remarks before the Chicago Medical Society.)

At the present day, the opportunity to study an epidemic of small-pox, is seldom offered to the general practitioner. I would therefore submit the following propositions, as at least demonstrated in this city in the epidemic of the past year.

I. Small-pox cannot become a serious epidemic in any city where vaccination and isolation are compulsory, and thoroughly accomplished.

During the year 1877, in Chicago, small-pox appeared successively in five widely separated localities, viz., No. 215 West Division st., No. 555 Milwaukee ave., No. 22 Hinsch st., No. 784 Archer ave., No. 503 Blue Island ave. At each place the disease had become fully developed, several cases had occurred, and free intercommunication had been allowed. Each locality

was the center of a dense population; the people were poor and over-crowded; their sanitary conditions were inferior; many of the children were unvaccinated, and few of the adults had been vaccinated since infancy. In addition, certain occult influences (telluric or ethereal), strongly disposed to the inception of the disease. With so many favoring circumstances, an extensive and rapid spread of small-pox was to be expected, yet but 154 cases in all occurred. A surprising result in a city of 500,000 inhabitants.

I attribute this prompt suppression of the disease to the following:

Every case that could bear removal, was promptly taken to the small-pox hospital; every house that was infected, together with all its contents, was thoroughly saturated for eight hours with sulphurous acid fumes: every family within four blocks of a case of small pox, was vaccinated through house to house visitation; in addition, every legitimate means was used to vaccinate all unprotected people throughout the city.

Lest this be considered exceptional, compare results occurring during the same year in the neighboring cities of Milwaukee and Montreal. In neither city was vaccination compulsory, nor was the removal of the sick to a small-pox hospital observed.

In Milwaukee, two per cent. of the population contracted the disease, which percentage in Chicago would represent 10,000 cases.

In Montreal, over 600 deaths from small pox occurred, which number, according to population, would represent 3,000 deaths in Chicago.

II. Removal to hospital is to the advantage of the patient.

The law requiring removal to a small-pox hospital, was impartially carried out in all cases, the only patients left at home, were those found in the suppurative stage of the disease.

Out of 154 cases,

116 were removed to hospital.

26 or 22.4 per cent. died.

38 were quarantined at home.

17 or 45 per cent. died.

It will be thus seen, that the chances of recovery of the patients were increased 100 per cent. by removal.

It would be absurd to assume that the simple journey to the building worked this result. It would be equally absurd to claim that it diminished it. My observation only corroborated what expert testimony long ago decided, viz., "that the removal of small-pox patients before the eighth day of the disease, works no injury to the patient.

I attribute the diminished mortality solely to the better ventilation, better sanitary surroundings, better diet, more experienced nursing, and less officious medication afforded by the hospital.

III. Adults, vaccinated only in infancy, contract modified small-pox (varioloid) almost as readily as non-vaccinated children contract small-pox.

In other words, they are almost as liable to the disease as if never vaccinated.

Out of 154 cases, there were: Adults, vaccinated only in infancy, 76, deaths 4; children, never vaccinated, 78, deaths, 39; average age of adults, 24 years; average age of children, 4½ years.

Infant vaccination, without re-vaccination, exerts but little influence in staying the spread of small-pox, though it wonderfully diminishes the mortality from the disease.

Herein lies the cause of epidemics of this disease. The initial small-pox patient in almost every epidemic is some adult journeying from some infected locality. The custom of vaccinating infants has become almost universal, but it is only the better classes who avail themselves of the greater protection of re-vaccination. No nation has yet framed a law by which vaccination is thoroughly and successfully accomplished.

It is an interesting question how long a primary vaccination retains its efficacy. During the past epidemic my observation was that nearly every adult re-vaccinated for the first time took the vaccine disease.

The three following cases upset the popular belief in a seven years' duration of vaccinal protection:

A. K., aged 3½ years, was successfully vaccinated by myself,

although she bore the mark of a vaccination successful three years before.

E. K., mother of the above child, was successfully vaccinated by me, although she had been as successfully vaccinated three separate times in the past ten years.

Mary McG. was successfully vaccinated when three years of age. During the summer of 1877, when eight years of age, she was inspected in the public schools and passed as sufficiently protected, having a well-defined and typical vaccinal cicatrix; two weeks later she was taken down with confluent small-pox, and barely escaped with her life.

IV. *Recent successful vaccination is an absolute protection against small-pox in any form.*

Accompanying the 116 cases of small-pox sent to the hospital, were 98 relatives. These made an average stay in the building of three weeks. They were all successfully vaccinated before admission, and not a single one contracted small-pox. The families of the 38 patients left at home, were also all vaccinated, and were rigidly quarantined with the sick, yet not a case of small-pox occurred among them. The same may be said of the 20 employes of the health department who were constantly exposed to the disease.

In no instance under my observation did small-pox develop itself where primary vaccination had been successful within three years, or where successful re-vaccination had been once achieved.

V. *Successful vaccination modifies small-pox, if done during the course of the latter disease.*

This proposition is so interesting, and so generally questioned that I regret my inability to report more cases.

The following are submitted:

(1). May 12, on 19th street near Western avenue, I discovered a woman sick with small-pox, in the eighth day of the disease. In bed with her was her unvaccinated babe, aged three months. The child was immediately vaccinnated—Three days afterwards it came down with small-pox. The vaccination was retarded but successful and distinctly modified the duration of the small-pox, and the character of the eruption. The child promptly recovered.

(2). July 10th, Dr. J. M. Hall, Medical inspector, vaccinated Annie Esan, aet. six mos, at 477 N. Paulina street. At the time other members of the family in the house had small-pox.

Two days later, July 12th, small-pox showed itself in Annie. The vaccination also was successful, and the two diseases synchronously occurred in the same body. In his report of the case Dr. Hall says: "I am satisfied that the vaccination saved the child's life."

(3.) E. Wagner, aet. 18 months, living on 20th street, near Hoyne, was successfully vaccinated by Dr. E. Garrott, Medical Inspector. On the afternoon of the same day she was taken down with small-pox. The Doctor assured me that the vaccination modified the small-pox as to time and character, and that the child recovered thereby.

(4.) Mrs. Niemath, residing at 17 Broad street, was found sick with small-pox and sent to the hospital. Her son, aet. 2 years, was vaccinated, and left at home with the father. The vaccination was unsuccessful. A week afterwards, on visiting the house, the child was found just coming down with small-pox, and was again vaccinated. This second vaccination was successful, but not typical. The small-pox, however, was modified, and the child soon recovered.

(5.) S——, a babe, aet. 3 months, residing at 768 Congress street, was vaccinated by me after six days exposure to pronounced small-pox in the father. In three days the vaccine vesicles were large and well developed, when small pox appeared in the child. The whole course of the disease was that of (so-called) varioloid, there being no secondary fever to speak of, and the eruption rapidly drying up after the seventh day. The mother, who had not been vaccinated since infancy, was successfully vaccinated at the same time. The father, also vaccinated in infancy, died in hospital of hæmorrhagic small-pox.

In consulting the tables of mortality, I find that out of 24 infants under two years of age, who had never been vaccinated and contracted small-pox, 16, or 66⅔ per cent., died. If the percentage of deaths is so large, it must be more than a coincidence that the only five cases successfully vaccinated during the disease should all recover.

In reviewing my experience of the past year, I am convinced that removal to hospital should always be required, as serving the best interests both of the patients and the community; re-vaccination, as well as vaccination, should be compulsory; and vaccination should be practiced, not only as a prophylactic, but as a method of treatment of small-pox.

UNUSUAL DISTENSION OF THE CAVITY OF THE CERVIX UTERI, WITH SPASMODIC CONTRACTION OF THE INTERNAL OS, IN A CASE OF MISCARRIAGE.

By Norman Bridge, M. D.

(*Read, in abstract, before the West Chicago Medical Society, Sept. 23, 1878.*)

Mrs. X., æt. 36 years, a healthy American woman, who had borne three children at term—the youngest being 4 years old and the oldest 18—was threatened with miscarriage at the end of the fourth month. She had had some irregular pain in the back and had been losing considerable blood for three days; so that she was very pale and so weak she was obliged to keep in bed. The uterus was found to be of the globular shape and size characteristic of the period of gestation existing; the cervix was of normal shape, projecting from the mass of the uterus half or three-quarters of an inch, and the os was closed. No blood was being lost at the time of the examination—at least none of any consequence—and no interrupted pains were occurring. The recumbent posture, small doses of morphine and ipecac, as required by pain, and an occasional ten-grain dose of gallic acid, were ordered.

For two days the indications were that an abortion would be averted. There was no pain or loss of blood and the shape and prominence of the cervix did not change. Then gradually the cervical projection disappeared and the os became patulous, and there was some loss of blood. At the end of five and a half days from the first visit an examination revealed no projection of the cervix beyond the uterine globe; the os was dilated to the

size of a silver half-dollar. The patient had been discharging blood in considerable quantity for twelve hours. Two teaspoonfuls of Squibb's fl. ex. ergot had been taken in divided doses since the flowing began. Not more than six pains at all like labor pains had been experienced during this time. The flowing had ceased. An attempt was now made to further dilate the os with the fingers and assist the uterus to expel its contents. Patient attempts at dilatation availed little—the border of the os becoming hard like a cord on every effort to stretch it, however gently the pressure was applied. The opening was already sufficient for the exit of clots of considerable size, and these bodies were hooked and drawn out of the cavity by the finger, until the bulk of them became surprising if not alarming.

After extracting all the clots that could be reached, and what I think it no exaggeration to say would amount to a pint and a half in quantity, effort was made to reach some part of the fœtus. But instead of grasping the fœtus, the finger, as it was pushed up, only struck the hard border of another opening to a cavity beyond. This opening was recognized as the internal os uteri and the cavity as that of the body of the uterus.

All these clots, then, had been contained in the cavity of an elongated cervix uteri. I am positive that during the extraction of the clots none of them came down from the uterus, as there was no movement of the jelly-like body of blood from above, and furthermore most of the masses were too large to pass unbroken through the internal opening.

The distance from the external to the internal os was about four inches—judging from measurements made with the finger.

The internal os was dilated less than the external; it was exceedingly hard and unyielding and presented a sharp, hard border. The walls of the body of the cervix were quite soft and distensible, and it was not surprising that they had been able to enclose such a mass of blood clots.

It was the work of nearly or quite half an hour to dilate the internal os with the fingers, and grasp and extract the fœtus and placenta. The feet of the fœtus were first secured, and brought down with little difficulty, and the body drawn through the opening, when the internal os immediately contracted about the neck,

and refused to allow the head to pass. The long delay was caused by the difficulty encountered in delivering the head, and no one who has not had a similar experience can appreciate how great the obstacle was to the execution of this maneuver, generally so simple and easy. The head was of course small and elastic—easily moulded to almost any shape; but the internal os closed to a diameter much less than that of this body, and presented a border or ring that was so sharp and firm as to give an impression to the fingers as though a string of catgut, imbedded beneath the mucous membrane, so as to encircle the cavity at this point, had been drawn together to this small diameter, and tightly tied.

Little difficulty was found in extracting the placenta. The uterus being emptied, contracted firmly. In this contraction the cervix was involved to a very slight degree only, for to the touch it still seemed like a soft, fleshy bag of considerable size, empty and collapsed. The body of the uterus, in distinct contrast, was quite hard.

This case, it appears to me, is a peculiar and interesting one, in the fact that the cervix uteri had undergone an unusual elongation, and a distension of its walls that transformed it into a cavity as large, or nearly as large, as the cavity of the uterine body; that this cavity was guarded by a positive contraction of the external, and a very much more pronounced and extensive one of the internal os; that the latter, by contracting upon the neck of the fœtus, interposed a serious obstacle to the extraction of the head after the body had been successfully delivered; and that all this should have occurred in a patient not advanced to the fifth month of pregnancy.

It is now tolerably well demonstrated that the cervix uteri may become, during parturition, elongated and distended until it is capable of accommodating a considerable portion of the mass of the child; and in cases where this occurs—whether as a cause, or consequence, or neither—that the internal os may be contracted with such force as to make natural delivery impossible.

The case here reported shows the possibility of a similar combination of unusual phenomena in miscarriage before half the normal period of gestation has been reached. I am not aware

that any case similar to this has heretofore been recorded, although one resembling it in the spasm of the internal os, as well as in the stage of gestation at which it occurred, is quoted at length near the close of this paper. Another case, reported by Dr. Goelet, and presently to be described, bears possibly a still stronger resemblance to the one just detailed.

Dr. Hosmer,* of Massachusetts, has reported—from his own practice and that of others—four instances of women who have, during parturition at term, had the misfortune to have distocia from spasmodic contraction of the internal os. One woman had two labors thus complicated; another three; the rest, one each.

The mothers all died as a consequence of the distocia and the ordeal; two died undelivered.

In each labor the same difficulty presented itself. All the presentations were of the head, and the obstacle to delivery was a sharp contraction of what was evidently the internal os, grasping the child somewhere between the head and hips after the former had passed out of the cavity of the uterus and was contained in the enormously elongated cervix. In all the cases where delivery was accomplished, version had to be resorted to, and this operation was, in some of the cases, an exceedingly difficult one, owing to the force of the contraction of the internal os. In nearly or quite all the cases the forceps were first tried, but in no single instance was it possible to deliver the fœtus head first.

The constriction referred to was, by the attendant in each case, supposed to be in the uterine cavity proper, and it is no wonder it was taken for an hour-glass contraction according to the old descriptions, occurring ante partum. In one case it is described as "midway between the os and fundus;" "a powerful constriction, grasping and holding the pelvis of the child like a gigantic sphincter, whose force, perhaps, was surely to be augmented through the law of reflex action by every attempt that was made to overcome and remove it."

In another case, the observer, in describing the efforts at version, says: "Before the leg could be found the hand reached what, from the rounded outline, was supposed to be the fundus of the

* "A peculiar condition of the cervix uteri which is found in certain cases of distocia."—*Boston Med. and Surg. Journal, March* 21, 1878.

womb. Under the impression that the position of the fœtus might have been mistaken, the hand was partially withdrawn. This question having been settled, the hand was again pushed upwards, and then discovered that what had been at first supposed to be the fundus was really a constriction about the upper third of the uterus, encircling the child and inclosing its hips and lower extremities." "It seemed like an hour-glass contraction, and consisted of a large, firm band, with its inner edge quite sharp." "The upper surface of the constriction seemed flat, and to the touch suggested the edge of a board or shelf." So strong was the constriction that the "hand, now within and beyond it, could not be opened, and the arm was paralyzed and almost useless."

Dr. D. S. Kellogg,* of New York, has recently reported a case of what he evidently supposed at the time of its occurrence, to be an hour-glass contraction of the uterus, but which, from the description, it can hardly be doubted, was a case identical in character with those reported by Dr. Hosmer. Dr. K. says in his paper: "There was a nearly circular band about one-third of the distance from the internal os uteri to the fundus, which band was higher up behind than in front, and which closed down upon the child like a strong belt of leather."

The constriction was so unyielding and so powerful, that in attempting to dilate it with the patient anæsthetized, "each one [three physicians being in attendance] in turn, until exhausted, gently, but firmly, tried to insinuate his hand into the stricture. After an hour or two we were rewarded by one foot, then presently by the other." After version, and the delivery of the fœtus through the constriction, no obstacle was met to its complete delivery into the world, until the head reached the "internal os uteri," when a slight contraction occurred at this point, but did not last long. Such difficulty was met with in extracting the head from the pelvis, however, that the fœtus had to be decapitated, and the head emptied and crushed. A measurement subsequently showed the antero-posterior diameter of the superior strait, to be less than 3½ inches.

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* "An interesting and unusual case of obstetrics." By D. S. Kellogg, M. D., etc., *Medical Record*, Aug. 31, 1878.

Were it not for the fact that Dr. K. speaks in two places of the unnatural constriction as being above the *internal* os uteri, no one would regard this case as differing from those reported by Dr. Hosmer. If Dr. K. is certain he demonstrated the existence of both ora—the internal as distinct from the external os, then his case forms a variety different from the others referred to, and this whole subject acquires thereby, a greatly increased interest.

In the absence, however, of a more positive statement on the point alluded to, readers will be inclined to class all these cases as alike in anatomical characteristics.

In 1870 Dr. Gray* reported to the Buffalo Medical Association a case of what he believed to be hour-glass contraction, occuring before the birth of either child or placenta. After referring to the fact that certain authors had denied that hour-glass contraction occurring after the delivery of the child, was produced by anything but the contraction of the internal os—it being claimed that there is no such thing as hour-glass contraction of the body of the uterus—and after expressing his belief in this occurrance according to the old descriptions in the books, he proceeded to give a history of his case.

His patient "had had five or six difficult labors, giving birth to still-born children." She had been in labor 48 hours when the doctor was called to her in consultation. The presentation was of the vertex; forceps had been used and these failing, craniotomy had been performed before his arrival. Dr. Gray then again tried the forceps, failed and introduced his left hand to turn the child. He seized a foot, but found he could neither bring that down nor withdraw his hand "on account of the constriction of the circular fibers of the muscles of the uterus." "Any effort to remove the hand from the uterine cavity would excite such strong muscular contractions that it became impossible while the hand was closed." "The constricted portion of the uterus appeared to be the size of a rope one inch in diameter, felt as hard as a bone, and at first was mistaken for bone." "Its contractile power was so forcible that the pain inflicted upon the wrist at each uterine

* *Buffalo Medical and Surgical Journal*, January, 1871. Half yearly Compend. July, 1871.

contraction, was almost insupportable." The head of the child "was below the rope-like and constricted muscles." He was positive that the uterine contraction "was not that of the os uteri, but existed above it." After the leg was brought down the turning could not be completed "by the strongest traction." But by pressing strongly against the head, forcing it back through the hour-glass contraction and making strong traction by the leg, delivery was finally accomplished. The woman had a mal-formed pelvis, the promontory of the sacrum was unusually prominent and the conjugate diameter was not more than three inches. The operation was made with the aid of anæsthesia. The woman recovered.

Evidently the possibility of an elongation of the cervix that would make it spacious enough to hold the head of the child, had not occurred to the reporter of this case. Without such a possibility in mind any practitioner would probably have arrived at the conclusion Dr. Gray did as to the nature of such a complication. Yet no one reading Dr. Hosmer's paper and this report could doubt—it seems to me—that the same pathological condition existed in all the cases recorded by both. This view is strengthend by the fact that in Dr. Gray's case there was a resemblance to most of the cases of Dr. H., and that of Dr. K., in a deformed pelvis, that had proved an obstruction to delivery, and had presumably caused the death of the child, in five or six previous parturitions.

Dr. A. H. Goelet* has recently reported a case that could be labeled as one of "hour-glass contraction of the uterus before the expulsion of the fœtus." The woman was advanced to 6½ months of her third pregnancy. Labor came on, the os was fully dilated, the membranes were intact, no presenting part could be felt. The pains being feeble, ergot was given. After the rupture of the membranes and the discharge of a large quantity of amniotic fluid, "the uterus was discovered to be contracted in the center, the fœtus above the constriction, and a finger projecting through." Hemorrhage continued, and the indication to evacuate the uterus was urgent. "With great difficulty one finger was forced through the constriction, then another, and

* *North Carolina M. Jour.*, Mar., '78—Monthly Abstract.

after considerable search a foot was found, but having only two fingers with which to grasp it, very little traction could be used. Finally one foot (for the other could not be found) was dragged down and out of the vulva, but when the breech of the child presented against the constriction, it required all the force that could be exerted with both hands to bring it through, and the same was the case as the shoulders and head came down in succession."

I have been unable to consult the original report of this case, and regret the abstract is not more full and explicit in certain details. But judged strictly by the description given, the case is so similar to that of Dr. Gray that, from a pathological standpoint, but one very essential difference is to be noted; that, namely, in the period of gestation at which labor came on in the two cases. The inference is natural that the obstruction was anatomically alike in these cases.

Bearing upon this subject are the observations of Dr. Bandl.* He has recently studied 32 cases of rupture of the uterus, a majority of which occurred in the Vienna lying-in hospital, the rest (13) being from records of his own observation. In no case was this accident due to morbid change in the substance of the uterus. The ruptures nearly all occurred in or very near the cervix. In nineteen of the cases there was narrowing of the pelvis; in twelve there was either abnormal presentation or monstrosity of the child. Dr. B. believes the accident is due to excessive thinning and elongation of the cervix during labor, whereby it is predisposed to rupture, and that this thinning and elongation are due, to a large extent, to the "disproportion which does not allow the presenting part to descend into the pelvis." When this obstacle exists, the internal orifice of the cervix, contrary to the usual and normal course, "is raised a handbreadth above the brim" by the contracting effects of the womb, and perhaps by fixation of the external os against the brim of the pelvis, and so thinning of the walls and rupture of the cervix become possible. In some of the cases examined, the cervix was found eight inches in length.

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*Centralblatt, No. 33, 1875. Amer. Jour. Med. Sci., Jan., 1876. Boston Med. & Sur. Jour., Jan. 3d, 1878.

It is a fact in favor of his hypothesis that of the six women whose histories are written by Drs. Hosmer, Kellogg and Gray, four had such a pelvic deformity as Bandl describes. Of the other two there is no record of any careful measurements—or measurements at all—to determine the question, although it is said simply that the pelves were normal. In one of these latter, it is certain, from the description, that a rupture of the uterus that occurred must have taken place through the cervical wall, warranting the suspicion that this was elongated and attenuated.

The preponderance among these cases of those with this deformity of the pelvis, not only tends to establish the identity and character of all of them, but further to confirm the hypothesis that the distocia in such cases is somehow connected with this particular kind and degree of deformity.

Whether the elongation of the cervix is the first step, and induces or favors the violent contraction of the internal os uteri, is an interesting question yet to be answered.

Very few writers on obstetrics make any reference to the fact that an hour-glass contraction may exist, the contracted portion consisting of the internal os and the two cavities respectively of the uterine body and cervix, and I am not aware of the existence of any treatise on the subject in which the possibility of an hour-glass contraction occurring before the birth of the fœtus is even remotely suggested.

Playfair * very distinctly departs from the old descriptions. He says the hour-glass contraction "seems to depend on spasmodic contraction of the internal os uteri, by means of which the placenta becomes encysted in the upper portion of the uterus which is relaxed."

Meadows † writes as though he expected somebody would challenge his assertions on this topic, for he says there was in all the cases he had seen (four) "a considerable space above the external os and the seat of the stricture, above which was encysted the placenta." He is satisfied "the space in question involved more than the cervical portion of the uterus—that, in fact, a good part of the body of the uterus was below the seat of stricture."

* Playfair's work on Midwifery, p. 376.
† Manual of Midwifery, p. 378.

Roberts, * in his recent work, says: "When the contraction exists at the internal os, hour-glass contraction results, the uterus being divided into two compartments, with the placenta in the upper division." Then, as though unwilling to leave the impression that such is the only mode of production of this phenomenon, he says: "True hour-glass contraction is, however, of rare occurrence."

Meigs † says: "Hour-glass contraction depends either upon the contraction of the womb at the upper limit of the cervical portion, so that the after-birth is contained, as it were, in a separate cell, or the contraction may take place so as merely to include the placenta, still retaining its original connection with the uterus."

Bedford ‡ says, under the head of hour-glass contraction, that the constriction usually occurs "at the upper extremity of the cervix or in the body" of the uterus.

That the cervix may easily become elongated in parturition, there ought to be no doubt; perhaps such elongation as is described in the cases just quoted, ought hardly to occasion surprise. It must have occurred to every practitioner of experience to observe cases where, without any serious obstruction to normal delivery, the cervix was so much elongated as to become fixed between the child's head and the pubic arch.

A number of cases are on record in which the external os has been extruded beyond the vulva. Mr. Lever § has reported a case in which the elongated anterior lip of the os in a patient with a small pelvis was forced out of the vulva like a large polypus, and was not fully retracted until two days after the labor—the mass being treated with punctures to favor the evacuation of the fluid of the swelling, and with fomentations; the use of the catheter being required in the meantime for the evacuation of the bladder.

Dr. Chas. W. Earle, at the West Chicago Medical Society, October 14, related a case that occurred several years ago in his

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* Guide to the Practice of Midwifery, p. 180.

† Edition of 1856, p. 446.

‡ Principles and Practice of Obstetrics, 1863.

§ Guy's Hospital Reports. First Series, volume vii.

practice, and that bears strongly on this point. The patient was a woman in her tenth labor.

There was retention of the placenta, and considerable hemorrhage, after the expulsion of the child. The hand was introduced to detach the after-birth, and on withdrawing it, the wrist was grasped by vigorous contraction of what was undoubtedly the internal os. This contraction was so strong that it offered no inconsiderable obstacle to the withdrawal of the hand. After the delivery of the child, there was discovered a mass of fleshy substance, hard and firm, projecting from the vulva, which proved to be a loop as large in diameter as the finger, and through which two or more fingers could be passed. The mass had not entirely disappeared twenty-four hours after the labor. It was subsequently retracted within the body, and the patient made a good recovery.

From Dr. Earle's description, this fleshy mass could have been nothing but the anterior lip of the external os of a cervix uteri remarkably elongated. Admitting this condition of things to have existed, it is not strange that the pinching of the attenuated cervix between the child's head and the os pubis, with the forcing of powerful propulsive uterine contractions, should have caused a rent that would make exactly the loop that was observed. Indeed, it appears to me a little remarkable that such ruptures near the free border of the cervix, when elongated so excessively, do not occur frequently. It is a fact of significance that with the elongation of the cervix in this case, there was also the vigorous contraction of the internal os. This is in favor of the notion that the internal os is disposed to contract with preternatural force from elongation of the cervix, as well as from excessive irritation of the part, which we know to have occurred in this instance.

Dr Earle's patient has since borne a child in a labor unattended with the discovery of anything peculiar about the neck of the womb.

At the same meeting, Dr. W. T. Belfield gave an account of a case that occurred at Cook County Hospital during his residence there, in which, after the delivery of the child, the border of the external os uteri projected from the vulva, and was mistaken by

some of the internes for the border of the placenta which was retained. Efforts were made, by traction on the cord, to dislodge the placenta, but to no purpose. A further examination revealed the internal os some six inches above the vulva in a condition of firm contraction, grasping the cord, the placenta being imprisoned beyond and above it. The dilatation of the internal os, and the extraction of the placenta, was a tedious operation, but was accomplished without injury to the patient, who made a good recovery.

Dr. A. R. Barton* has reported a case of excessive elongation of the cervix uteri, which was an obstacle to delivery. The cervix had been elongated for several weeks prior to the confinement, to such a degree that it projected beyond the vulva and the os externum had become like cutaneous surface in its appear ance. When labor began, it protruded from the vulva four inches, and was eight inches in circumference. "The finger carried into the cavity of the tumor discovered nothing more than a continuous canal. Even when the tumor was carried up on the finger as high as possible, the child could not be reached. The fundus of the uterus was well up into the epigastric region."

The external os was so dense that dilatation was impossible, and ten incisions were made in its border before the child could be extracted. After the labor was over, the tumor was returned to the vagina, and remained. The woman recovered, but had prolapsus of the uterus after she had been about the house a few weeks. Two years later she became pregnant, carried the child to the full period, and was delivered in a normal labor.

Whether it shall be fully proven that the internal os uteri is the chief factor in the production of most of the cases of the hour-glass contraction of authors, as well as of all such remarkable and anomalous cases of ante-partum obstructive contraction as the records quoted in this paper illustrate, remains to be seen. But that the internal os is involved in many more pathological states and phenomena than is generally supposed, seems evident. Indeed, the pathological possibilities of this part of the uterus appear to be only now receiving full attention. One of these,

* *The Medical Record*, Feby. 16, 1878, p. 129.

and one which we seem often to forget about, is an excessive irritability and hyperæsthesia—or rather hyperalgesia. Now that it is the general habit to treat cases of uterine disease locally, it is one of the most common observations to find the internal os the most sensitive part of the organ; indeed often it is found the only part sensitive. The external os may be hooked with a tenaculum, slashed and harpooned with cutting instruments and the patient not be conscious of it, when the gentlest passing of the smallest sound through the internal orifice will cause her to start with pain.

It is to be expected that a state of excessive irritability of the internal os will be attended with contraction, spasmodic or otherwise, of its muscular fibers, or pain, or both, whenever it is subjected to irritation. That such is the case in both the impregnated and unimpregnated uterus, we have abundant evidence. With a high degree of irritability, an irritation otherwise trivial will lead to them, albeit perhaps with only moderate intensity. Excessive irritation may induce them when only a normal degree of irritability exists in the part. What ought we to expect—what not to expect, when with an internal os in the highest degree irritable and sensitive, a labor is attended with an injury to the mouth of the uterus that borders on mutilation?

Hour-glass contraction occurs most frequently in cases, where during the labor, the orifice of the womb has been much irritated by instrumental manipulations. Such is the opinion of some writers on obstetrics.*

In contracted pelves the cervix is necessarily liable to unusual irritation and injury. This being true, spasmodic contraction of the internal os in such cases as are reported by Dr. Hosmer, ought not, perhaps, to be regarded matter for wonder. It is the degree and force of the constriction that is the fact unaccountable. Not even the supposition of a ring of cartilage explains this fully.

How it happens that at the time of labor a degree of irritability may exist that makes spasmodic and irregular contraction possible, seems difficult of explanation. But ought it to be?

* See Byford's work on Obstetrics.

We know that women with uterine disease often become pregnant. So common an occurrence is it for ulceration and chronic inflammation of the cervix to exist during pregnancy that grave discussions have occurred among the profession as to the propriety of continuing local treatment of them during this period. The sensitiveness of the internal os just referred to as so common in gynæcological cases, and which is doubtless largely due to inflammation, is not a bar to conception. And it seems nothing more remarkable that this irritability should continue during gestation than that an ulcer should. If it persists in any case, it is of course present when labor occurs, whether this be at the full term or before; and being present at such time, it is in waiting to cause, on the slightest provocation, the most serious mischief. But the provocation is often severe in the shape of irritations and injury to the mouth of the womb; and it is quite possible that the physiological changes of gestation may, in certain patients and under certain circumstances, increase an irritability of the internal os that before conception was pathological, so that when labor occurs it is ten fold more formidable and troublesome than it would otherwise have been.

As the exalted irritability often exists, if it is capable of inducing the obstruction once, why may it not do so frequently, especially as irritation of the cervix in labor is any time liable to occur?

Taking all the considerations named into account, I question whether the explanation here suggested is not alone sufficient to account for all the cases of obstructive contraction of the internal os uteri in labor that ever occurred.

The following history of a case,* reported as one of "stricture of the internal os as a cause of miscarriage," by Dr. Wm. Marshall, is quoted here because it exemplifies the most extreme hyperæsthesia and propensity to spasm. The patient was a delicate woman of thirty, and five months advanced in pregnancy. Her last previous pregnancy had resulted in miscarriage at the fifth month, with pains more severe than was usual in her con-

* *Glasgow Medical Journal*, Feb. 1869—*Am. Journal.*

finements at term. The os was dilated "to the size of half a crown, and very soft."

"On passing my finger up in order to feel the fœtus, I found the canal of the cervix becoming decidedly narrower, when suddenly she cried out that I was cutting her, and jerked herself away. On a second attempt, the same thing was repeated; but on a third, being prepared for her moving, I ascertained that a tight resisting constriction existed at the internal os, which would not admit the tip of the finger. As soon as I touched the constricted part, she complained of a severe cutting pain; and on attempting to pass the finger through it, she became hysterical, and on my persisting, *perfectly maniacal*. On withdrawing my finger, she immediately became rational, and complained of the agonizing pain I had caused her.

"As she was quite positive that in her previous miscarriage she had suffered for three hours as much as she was doing now, I waited for a couple of hours. During this time the pains were very strong, and the suffering greater than I had ever seen in any confinement. In order to make a thorough examination, I put her under chloroform. The external os was very soft and dilated; but at the internal os there existed a constriction, which still readily allowed the finger to pass through, and which seemed now quite dilatable. The breech was presenting, and I had no doubt that when a pain came it would be pushed through, and the whole thing soon be at an end. The pains, however, did not return as long as I left her under chloroform, so that I was forced to discontinue it. The stricture returned with the first pain, firmly grasping the tip of my finger, which I had retained in the uterus. I now gave her a dose of ergot, and waited until one o'clock, when, finding that little or no progress had been made, I determined to notch the stricture in one or two places under chloroform, as it was impossible to touch it without causing intense pain, and bringing on a maniacal paroxysm. I went home for a probe pointed bistoury, and on my return in half an hour, found the strictured part with the breech forced into it, protruding through the internal os, which was drawn up around it. After a few pains, the breech passed through the constriction. I pulled down the body, and finding that the head would not come, pushed my finger past it, hooked it over the crown and pulled the head through the stricture. Without withdrawing my finger, I detached the placenta, and withdrew it and the finger at the same time. While doing all this, the patient was perfectly maniacal—she shrieked, kicked, struck, and bit at those around her."

"She recovered without a bad symptom."

This case is a most interesting one in several particulars. In some points it will be seen to resemble the case, the report of which introduces this paper. It was attended with a much greater degree of sensitiveness and irritability of the internal os uteri, more pain and probably more vigorous spasmodic contraction, but there was no such elongation of the cervix, and distension of its body

into a large cavity—a cavity capable of accommodating a fœtus, as existed in that case.

That it was the internal os alone that was the offending part and the cause of the obstruction in this case is evidenced by Dr. M's. description of his exploration of the external os, the cervix—which grew narrower toward its upper extremity, and the strictured point itself. If confirmation were needed, it is furnished by the phenomena of the expulsion of the presenting part of the fœtus from the womb. "The strictured part, with the breech forced into it," protruded "through the external os, which was drawn up around it," the cervix being literally turned inside out. This case is, fortunately, reported with such explicitness and detail that it alone establishes the pathological conditions described.

In the case reported by myself there was a total absence of hyperæsthesia of any part of the womb. The vigorous contraction of the internal os was probably in part due to an increase of its normal physiological irritability—its capacity to contract in response to stimuli. But the main cause, it seems to me, was the irritation produced by the stretching of the cervix, aided possibly by a pathological condition of the external os—traumatic or otherwise—evidence of which in a distinct roughness of its surface, was discovered at the first examination.

The distension of the cervix was probably a purely mechanical process. The blood oozed into it from the cavity of the uterus; retarded by the closure of the external os, coagulation took place; the accretion continued; and thus, slowly, the enlargement came on. Finally the limit of the capacity of the part was reached and the external os gave way in dilatation.

ON THE CODE OF ETHICS.

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The length of time which has now elapsed since its publication, the high repute in which it has always been held, and the general lack of exact knowledge regarding its requirements, are facts which entitle the Code of Medical Ethics to rank with the sacred

writings of the human race. Another proof of the justice of this claim may be found in the growth and gradual attempt at formulation of certain popular beliefs and traditicns concerning the document in question. Already we hear of distinctions between the spirit and the letter of the code. Questions of interpretation and matters of doubtful disputation concerning its text, occasionally arise to disturb the quiet of a medical society. All this clearly indicates that the age of comment has arrived. I, therefore, offer the following thoughts in the form of a commentary on the Code of Medical Ethics.

Article I.—*On the duties of physicians to their patients.*

The principal fact worthy of remark in connection with this article is a certain flavor of antiquity—an archaic style of expression—which pleasantly reminds one of the days when the round, red face of the portly old family doctor beamed upon the world over the horizon of a voluminous ruffle, and was kept in good countenance by the splendor of that magic wand which degenerate moderns only know as a gold-headed cane. This peculiarity, however, is not without its value, for it greatly assists the reader in the effort to place before his mind a picture of those happy ages when doctors and patients—especially the patients—shall adopt the code of ethics and regulate their entire existence by its wholesome provisions.

Article II.—*Treats of the obligations of patients to their physicians.*

It is impossible to resist the suspicion that this article was not contained in the original draft of the code. It wears the aspect of an interpolation which must have found its way at a later date into the body of the original text. In no other way can we account for the evident irrelevance of its matter, and its want of logical connection with the remainder of the document. Considered by itself, as a sermon addressed by a venerable laic to an inexperienced youth recently set up in housekeeping, it would rise beyond reproach. But in a paper which is designed for the guidance of professional men, it seems a little out of place to attempt the instruction of people outside of the faculty, over whom the doctor has no authority nor any opportunity for education in accordance with his notions of propriety. It might be

urged that the physician may rightly use the article in question as a tract for the instruction and elevation of the laity; but the difficulty in the way of such use lies in the fact that for persons who exhibit a capacity for this kind of training no such advice is needed; and for that vast majority who consider themselves the patrons rather than the clients of a physician, such counsels can only appear provocative to laughter at the expense of any "fussy old fellow who may pretend to tell them when and how they shall call on him for service" I suspect that the entire article was introduced as a concession to certain restive spirits in the drafting convention, who did not exactly relish the wholesale way in which they were being lectured as to their duties, and who could only be appeased by the insertion of something similar for the benefit of outsiders who were not doctors, but who often made their doctors feel as if the administration of a little wholesome advice would be a source of unlimited satisfaction.

On the whole, I think the dignity of the code would be increased by the omission of Article II.

The Second Section of the code treats *of the duties of Physicians to each other, and to the profession at large.*

Of this section, the first article is occupied with *Duties for the support of professional character*. The whole article is full of the most enlightened and liberal counsel for the guidance of the members of our profession; yet, hardly any article in the code is more persistently and consistently disregarded by physicians. How few, comparatively, there are who keep in mind the admonition of even the first paragraph of the article! As Dr. Fothergill wisely remarks, "Each ecclesiastic asserts the dignity of his office, however unworthy he may think some others are to fill it. * * * Another lesson, too, we might learn from them, and that is, the air of respectful gravity they assume at once when speaking of matters theological, and the readiness with which they check any levity of speech on such matters on the part of any one present. * * * It is quite time that we followed the example of the other professions."

There can be no doubt that much of the depreciation of the medical profession in the popular estimation is due to the unbridled license with which even respectable physicians, in con-

versation with the laity, will seek to undermine the reputation of a rival, and consider themselves perfectly justified in so doing, if that rival chances to belong to some other school of therapeutics than their own. We are too prone to forget that, among the common people, the difference between doctors is not as perceptible as it is among those who have the educational qualifications to judge of such things. For the laity, a doctor is a doctor; and if they hear the members of one wing of the profession speaking evil of the members of another wing, they generally conclude that their speech is based upon jealousy, and draw inferences as unfavorable to the evil speaker as to the evil doer.

The third paragraph of this article treats of the subject of advertising. Nothing can be more admirably conceived, and nothing is more often misconstrued. That this should be true seems rather strange at first sight; but I suspect that much of the misapprehension concerning the true meaning of the provision grows out of indifference to punctuation marks on the part of careless readers. The correct reading of the text is as follows:

"It is derogatory to the dignity of the profession to resort to public advertisements, or private cards, or handbills, inviting the attention of individuals affected with particular diseases—publicly offering advice and medicine to the poor gratis, or promising radical cures," etc.

That is clear enough, but, if I may judge from their behavior, a great many conscientious gentlemen read as if the comma which follows the word *handbills* were a semicolon, or even a full period. This changes the entire meaning of the sentence, and converts all advertising into an offense against the code. On the contrary, the article does not in any way disapprove of the use of "public advertisements, or private cards or handbills;" it only looks with disfavor upon the use of such methods as a means of "inviting the attention of individuals affected with particular diseases—publicly offering advice and medicine to the poor, gratis, or promising radical cures," etc., etc. It follows, therefore, that the well regulated physician who carefully studies his code, and is aware of the unquestionable value of advertising in all business avocations, will proceed to place himself as conspicuously

before the public as his brains and purse will permit. In the country villages he will take pains to keep in a prominent column of the local paper, a notice which will inform the public where and when he may be consulted by the sick. He will, very likely, place his business card upon the rack at the tavern, or the railway station, or the post-office. In every way that is consistent with good taste and the customs of the local society, he will seek to make himself known and respected by his fellow citizens of all classes. In the large cities, he will resort to precisely analogous methods; but since it is very expensive to publish a card in the daily papers, he will take pains to advertise in the directory, where his advertisement will be inserted free of expense. In this connection I may remark that the majority of physicians are too indifferent to this matter of advertising in the directory, where for a mere trifle every physician might secure the insertion of his office hours, to his own advantage and to the great additional convenience of the public. There is no ethical reason why the entire contents of the Medical Register should not appear in the City Directory. Very naturally, as the doctor grows prosperous, he will so much the less feel the need of keeping his name before the public through the aid of the press; but this fact should never betray him into any utterance in depreciation of the legitimate efforts of his younger or less fortunate brother.

Were this the place for a dissertation on the art of advertising, I might say much more regarding the matter; but I must leave that to the good sense of each individual, which should suggest numerous methods in perfect harmony with the letter and the spirit of the code. The very fact that certain methods of advertising are disallowed, is sufficient to show that other methods are permitted; and as the forbidden methods are precisely those which the largest experience has always found to be in conflict with the attainment of the highest degree of professional success, it is a logical inference that the code does not in any way discountenance such methods of advertisement as are really conducive to prosperity.

The fourth paragraph is clear, and unobjectionable in its purpose. The prohibition against the use of secret nostrums is, however well meaning the intentions of its authors, a little too

stringent; and as a matter of fact it is seldom regarded. Certainly, no one after learing their value was ever deterred from the use of James' Powder, or McMunn's Elixir, or Warburg's Tincture, or J. Colis Browne's Chlorodyne, or Tarrant's Seltzer Aperient, by the consciousness of ignorance regarding their exact composition. Still, as a general rule, the article may pass without a challenge.

The fourth article of this section treats *of the duties of physicians in regard to consultation.*

Of this article, the first paragraph bears evidence of having been carefully framed, in accordance with the euphuistic predilections of the authors, for the purpose of summary dealing with a dark and dismal subject which was too gross for open mention in such a rose-colored document as the Ethical Code. At the time of its composition the medical profession in America was annoyed and disgusted by a pestilent little group of ignorant fellows who were known as homœopathists. A somewhat similar set were called Thompsonians, or botanic doctors. These wretched creatures pretended to have come into possession of new light about the art of healing, and, being generally devoid of knowledge or sound morality, they had no scruples regarding all sorts of reprehensible courses which seemed likely to advance their personal interests.

The consequence was naturally a great outburst of indignation on the part of honorable physicians, and the rapid growth of a general determination to have nothing to do with the accursed thing. Expulsion of the devoted men from the medical societies was at once accomplished. They were denied recognition as physicians, and it was made an unlawful thing for a member of the profession to give them any aid or comfort whatever. The whole proceeding was finally clinched by the introduction into the Code of Ethics of the article now in question.

Time rolled on, and a whole generation has passed away since this decisive action of our ancestors. Here and there exists a survivor of those passionate days, who keeps alive and disseminates the tradition that this article was designed to prevent all consultation with homœopathic and eclectic physicians. Such is the fact, and probably no other article of the code has been more

faithfully regarded. Occasionally a hapless brother would transgress, but the eunuchs were always in waiting, and the bowstring or the axe soon made an end of the imprudent offender. All this, however, is now at an end. Rip Van Winkle awakes from his lifelong sleep, and the war of the 'pathies has ceased. Henceforth, it will be hard to find a doctor with whom the most fastidious regular practitioner may not consult.

Strange as it may seem, this great change has unquestionably taken place, and it will be wise for us to recognize the fact, and to shape our course accordingly. Let us see how the matter stands.

The article under consideration declares that: "No intelligent regular practitioner, who has a license to practice from some medical board of known and acknowledged respectability recognized by this (American Medical) Association, and who is in good moral and professional standing in the place in which he resides, should be fastidiously excluded from fellowship, or his aid refused in consultation." *Intelligence*, *regularity*, *license* and *morality* are the four corner-stones upon which rest a doctor's claim to fellowship with the faculty.

About the character of the qualifications covered by the terms *morality* and *intelligence* there is so little question that each individual practitioner can safely be left to judge of their possession by his neighbors. A "*license* to practice from some medical board of known and acknowledged respectability" can now be obtained in many of the States of the Union. The question of *regularity* is the only thing left for consideration. What makes one a "regular practitioner?" Hear the code!

"No one can be considered as a regular practitioner, or a fit associate in consultation, whose practice is based upon an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology and organic chemistry."

Thirty years ago, there were men seeking recognition from the public as practitioners of the healing art, to whom this statement would apply, but now the race is almost extinct. A living Dodo or a Moa would hardly excite greater enthusiasm in ornithological circles than would now be aroused among scientific men by the

production of a genuine believer in the dogmas of Hahnemann or Thompson.

Since Mahomet would not go to the mountain, the mountain came to Mahomet. Driven into a corner, and forced to rely upon their own resources, these outlaws did what excommunicated heretics have always done. They organized themselves. They attempted to purge themselves of grossness and of palpable ignorance. They went to school. They studied human nature, and sought to win the secret of success. Many of them profess morality. Some are even respectable. They dissect. They walk the hospitals. They are deep in organic chemistry. Their autopsies are as numerous as their opportunities. They read our books, and are sometimes skilled in the use of our own favorite remedies. As for Father Hahnemann—*stat nominis umbra!* He and his beliefs are fast disappearing among the shadows of the past. We reverence Galen and Hippocrates, though we rarely do their works. Let these men canonize whom they will, they are men of to-day and not of the past. In what more then, do such men need for the successful prosecution of a claim to the title of *regularly educated physician* in the meaning of the Code of Ethics? They are physicians—they are educated physicians—they are regular physicians in the sight of the law.

In this interpretation of the article now before us, I can arrogate to myself no priority of thought. It is the expression of a conviction which has long been half concealed in the hearts of progressive men, and the time seems ripe for its utterance. Of course, it is too much to expect that such doctrine will secure unanimous assent. It is too much to expect that the fathers of the profession will consent to meet on equal terms the hoary knave whom they have known since youth as a villain past redemption. Nor is it desirable that such a consummation should be arrived at. Moral character—not scientific opinion, should be the touch-stone of consultation. If by refusing to consult we could deprive every ignoramus of his legal right to practice, the case would be different; but the law has taken from us all such responsibility; consequently, when a man has received his license as a qualified physician, there should be an end of discussion about his recognition as a medical practitioner. But if his moral char-

acter is bad, any physician should be at liberty to refuse, on that ground to consult with the offender. This liberty the code already gives—what more do we need for the protection of the much talked of "honor and dignity" of the profession in the matter of consultation?

Did time permit, I might enter at length upon a discussion of the wisdom or unwisdom of the catholicity thus licensed by the code. The subject is now under discussion elsewhere, and many who see that the old barriers have given way are clamorous for new articles which shall restore the former stringency of non-intercourse. But to the intelligent eye it is evident that "old things have passed away," and that a new order has arisen. There will be much lamentation and many wild regrets when it is discovered that Great Pan is really dead, but the true philosopher will rejoice at everything which marks the decline of bigotry and of sectarianism in medicine as well as in religion. Very likely the American Medical Association may be compelled to frame a new article which shall reach the modern "liberal" homœopathist as the old one does not; but the effect of such action will only delay—will not arrest—the inevitable. There are plenty of independent men in the profession who will then boldly say, that the old code is good enough for them, and they will refuse to surrender their new found liberty by reason of any illiberal out-cry in behalf of non-intercourse.

The remaining paragraphs of this article contain nothing that does not commend itself to the good sense of every one. The same thing may be said of the entire contents of Article V. It is only when we reach the second paragraph of Article VI. that anything appears worthy of comment. If this injunction had been always rigidly observed, many of the schisms which have rent the profession, and many of the too willing martyrs who have been offered up in the presence of an unappreciative and scoffing public, would never have been known. It is too late to remedy the scandals of the past; but if it had been possible to follow the examples of other associations, whose discipline and whose punishments are hidden from the public eye, it would have been far better for the reputation of the medical profession. The spirit of this article is utterly opposed to that ecclesiastiform

intolerance which has rent us in twain, and has set up a number of jarring sects where all should have joined in one united front for the common good. I hardly need remark that it is, moreover, wholly opposed to such use of the public press, even in the form of a medical journal, as may be calculated to discredit the parties to a difference of opinion about those "points in medical ethics and etiquette through which the feelings of medical men may be painfully assailed in their intercourse with each other."

The concluding section of the code treats *of the duties of the profession to the public, and of the obligations of the public to the profession.*

The first paragraph declares that physicians should "be ever ready to give counsel to the public, in matters especially appertaining to their profession, etc."

This admonition is too often forgotten by the faculty. The medical societies rarely add anything to the knowledge of the public, and the men of learning and experience in the profession almost never break silence for the benefit of any but their own patients. The only attempts to obey this article are made by a few reckless spirits, who, having no reputation to lose, are quite careless about the accuracy of their utterances. Occasionally, there will be a few words of warning or of self glorification from some local sanitary corporation; but, as a general thing, the members of the profession exhibit no desire for the authoritative instruction of the communities in which they dwell.

For this negligence there are several reasons, of which not all are entirely creditable to the faculty. It is easy to see that the doctor who has achieved success by dint of unremitting toil is not very likely to occupy his rare moments of leisure with the painful effort to compose a letter for the columns of the daily paper. Nor is the scholarly young physician any more willing to forego the satisfaction of seeing his work in the current medical journals for the sake of attempting the very difficult task of explaining to an untrained audience matters connected with what must necessarily for such people be an occult science. These difficulties are themselves almost sufficient to deprive the laity of all the advantages which might accrue from the guidance of the best minds in

the profession, acting through the medium of that universal school-master—the daily paper. But when to these causes are added the weight of opprobrium which is invariably thrown by the mass of the profession upon anyone who endeavors to obey this article of the code, it is impossible to escape the consequences of such action, and we necessarily find the transient literature of the day almost entirely abandoned to the guidance of the worst representatives of a learned profession. Whence springs this opprobrium which undeniably operates with such force? We are told that it is the proper expression of zeal for "the honor and dignity of the profession" in accordance with the Code of Ethics, which prohibits advertising in the papers. When the inaccuracy of such an assertion is exposed, we are told that the code forbids "inviting the attention of individuals affected with particular diseases;" and it is assumed that a physician cannot appear in print without thus, directly or indirectly, associating himself before the public with some particular disease or class of diseases. Here, then, we find the secret spring of that anxiety about "the honor and dignity of the profession," which is so rampant whenever any accident gives the newspaper-reading portion of the community the smallest ghost of a chance for the inference that one physician may know more than another about certain branches of his calling. It is really not so much a righteous zeal for "the honor and dignity," etc., as it is an expression of professional jealousy.

I do not complain of this, for it is exceedingly characteristic of human nature; but I do complain of calling things by wrong names. It is a fact, beyond question, that the insertion of this clause—"inviting the attention of individuals affected with particular diseases"—is not so much a necessary provision for the honor of the profession, as it is a concession to the weakness of human nature. Men do not like to be reminded of differences which actually exist. I, therefore, find no fault with the restriction. I would not advocate its removal, for, if it were rescinded, and we all should advertise our little pet specialties, we would not one of us be any the better off in the long run. A solitary occupation of the field is the only thing which can give medical advertisements any value.

It is, in this connection, impossible too strongly to deprecate that hyper-ethical feeling which would prohibit men of good judgment and remarkable opportunities for experiment from a public expression of opinion regarding the value of articles which are offered to the public for therapeutical purposes. At present, no one but a quack can utter an opinion which is likely to find its way into the papers without drawing upon himself the fire of all the ethical champions along the line. Consequently, the public is left to the direction of the worst guides possible, or else it must depend upon the published statements of distant authorities, whose value cannot easily be appraised. It is all very well to tell me—a simple tradesman—that Professor Bamberger, of Vienna, recommends the Hunyadi Janos water; but that is not enough. His certificate may be a forgery; I know nothing about the honesty of the man; I want to know what Dr. Allen thinks about it, for he is my neighbor, and I can ask him about the genuineness of his opinion. That is the way the laity think about these things, and it is wrong to deny them this advantage for the sake of gratifying that spirit which, appearing upon the platform with Dennis Kearney, we denounce as communism, but which, when it looks innocently from behind the Code of Medical Ethics, we call *zeal for the honor and dignity of the profession.*

I am well aware thut with many excellent men, the whole discussion is terminated by the assertion that the course which I defend, would be liable to great abuse. Against this objection I would urge the words of Oliver Cromwell: "It will be found an unjust and unwise jealousy to deprive a man of his natural liberty upon the supposition that he might abuse it. When he doth abuse it, judge." If our medical societies were so organized and conducted as to represent the majority and the quality of the faculty, they could easily forestall the private certificates of individual members of the profession, by a proper discharge of their duties to the community through official instructions regarding the character of articles which are introduced to the public notice. But while the present medical chaos is permitted to exist, the opinion of individual experts will be preferred before the deliverances of any local body which has yet its own reputa-

tion to win. And if it were the custom thus to pronounce in public upon the quality of articles presented for judgment, the men whose opinion is sought, would be wary enough in the matter of their endorsements, instead of being, as now, liable to fall into the trap of any more than an ordinarily cunning adventurer.

The folowing advertisements appear regularly upon the covers of the most widely circulated English literary magazines:

"A healthy skin and good complexion by using Pears' Transparent Soap. The best for Toilet, Nursery and for Shaving. Recommended in the *Journal of Cutaneous Medicine*, by the Editor, Mr.

ERASMUS WILSON, F. R. S.,

As the most refreshing and agreeable balm for the Skin."

"The only Soap for the Complexion. Making the Skin Clear, Smooth and Lustrous.

WRIGHT'S COAL-TAR SOAP.

Highly and extensively recommended for the Toilet and all cases of Cutaneous Disease by MR. JAMES STARTIN, M.R.C.S., Surgeon to St. John's Hospital for Disease of the Skin; the late MR. JAMES STARTIN, M.D., F.R.C.S., of Saville Row; MR. MCCALL ANDERSON, M.D., F.F.P.S., of Woodside Crescent, Glasgow, and the other leading members of the profession."

Thus interpreted, our code of ethics stands, the embodiment of a wise and liberal policy. Our fathers "builded better than they knew;" and only jealousy and bigotry can ever mar their work. In the debate which has now begun, may the truly catholic doctrine prevail!

TREATMENT OF UN-UNITED FRACTURES.—(*Med. Press & Circ.*, July 3, 1878.) Mr. Fitzgerald, surgeon to the Melbourne Hospital, in view of the unsuccessful results attained by milder or severer remedies used in treating these cases, strongly advocates the injection of glacial acetic acid, 0.3—0.6, by means of the hypodermic syringe, between the un-united ends of bone. His experience with this method has been uniformly successful. It is attended by sharp pain at first, which quickly subsides. Any cartilaginous thickening that may have been present at first is soon resolved and absorbed, and bony union takes place rapidly, proper position of the fragments being secured by splints.

Foreign Correspondence.

No. I.

THE USE OF THE HYDRATE OF CHLORAL PER RECTUM.

Dr. Starcke, Oberstabsarzt, of Berlin, contributes to the *Berliner Klinische Wochenschrift*, No. 33, 1878, an article on the above subject, of which the following is a résumé:

"Concerning the continued use (*den chronischen Gebrauch*) of the hydrate of chloral, the minds of the profession at the present time are so divided that I consider it of importance to discuss the subject, especially as the English have lately appointed a commission to study the question of *chloralism* as compared with *morphinism*.

"The prejudice against the frequent use of the remedy in England is very great, produced, perhaps, by the evil consequences that are said to have followed its administration, especially in the cases of those who were the victims of chronic alcoholism.

"I cannot deny that I myself had formerly the greatest fear of the use of this hypnotic, produced, perhaps, by a single fatal result that I saw follow the use of a small dose of morphine in an illy-nourished patient, and which caused me to afterwards use sparingly all remedies of this class where the patient was extremely anæmic.

"A few years ago I was taken ill of chronic gastric catarrh, accompanied by an extremely acid condition of the contents of my stomach.

"I became more and more emaciated, lost weight rapidly, and had the general aspect of one suffering from cancer of the stomach.

"In my case, one of the greatest obstacles to a convalescence was a most persistent sleeplessness.

"Although in the evenings I felt the most extreme weariness, and fell asleep as soon as I retired, I would uniformly awake after from one-half to one hour's slumber with my mind full of the events of the day, roll and toss from side to side, perhaps getting a little additional restless sleep toward morning.

"I had now become not only weak in body, but low-spirited, and had entertained the worst forebodings as to the final result in my case.

"I concluded at this juncture to consult a colleague on the subject of the use of the hydrate of chloral.

"Having determined to give the remedy a trial, and wishing to avoid the introduction of anything into the stomach that would increase its irritability, I resolved to use it per enema.

"For this purpose I used an ordinary syringe, with a somewhat long tube attached, injecting 10 grams of a 5 per cent. solution at a temperature of 35°, and after a quarter of an hour I repeated the same quantity, so that in all I used 1 gram of the hydrate of chloral.

"A few moments after its introduction I experienced a feeling of bearing down and slight tenesmus, which was soon followed by a sensation of general comfort, an inward calmness of soul, a convincing evidence of that quiet that was to take the place of my former sleepless nights.

"I soon fell asleep, and had a dreamless repose of five hours, and in fact a comfortable night's rest.

"In this manner I used the hydrate of chloral every night for five months.

"The consequence was that from the day I began its use I began to convalesce.

"From the first my sleep was natural. I awoke with a good appetite, without headache, without stupor, and with a feeling of thankfulness toward an agent that had given me the only quiet sleep that I had had for years."

The doctor says that in spite of its continued use, the effect of the remedy remained the same, although he did not increase the dose, but in fact, as he grew better, he was able to get his night's

rest by using only one-half the quantity with which he first began.

By the use of other appropriate treatment for his gastric disease he rapidly grew better, so that during the five months that he took the chloral he gained 30 pounds in weight. He farther says: "I wish to especially emphasize the fact that I had nothing like morphinism produced by its use.

"I had no appetite or desire for the medicine. I lay down every night with the hope that, by the continued improvement in my general health, I would soon be able to sleep spontaneously.

"For the last month I have kept the chloral on my table, as one would carry an umbrella in fine weather, happy in not having to use it.

"Since I have discontinued its use, I have had at no time what could be called a weaning period.

"The use of the hydrate of chloral per rectum has an especial application in diseases of the stomach, on account of its irritating effects upon that organ. I tried twice to take the drug by the mouth, suspended in the yolk of an egg.

"Each time a few moments after I had swallowed the dose, I vomited until I had expelled everything from my stomach, and had none of the soporific effects of the remedy produced.

"One of the principal advantages of using the drug by enema is that it does not undergo that decomposition which it always does when taken by the stomach, on account of its coming in contact with the contents of that organ."

The writer dwells upon the necessity of procuring a pure specimen of the drug, in order to obtain its good effects, and recommends especially that manufactured by Liebreich, of Berlin.

"I found that all the disagreeable sensations about the rectum produced by the injection of the remedy were confined to the external margin of the anus, and that all that was necessary to avoid this is to use an instrument with a long tube attached, and exercise some caution to prevent the fluid coming in contact with the external sphincter.

"Care should be taken to have your remedy well dissolved, and it should be used at a temperature near that of the human body.

"The size of the dose necessary to produce a hypnotic effect is so small that it cannot be dangerous."

The doctor claims to have used this drug largely in his own practice, as above recommended, and with uniformly the most happy results. In consequence, also, as he asserts, of a growing fear of the use of morphine hypodermically, by the profession at large, in Germany, he thinks the use of the hydrate of chloral is destined to obtain a large field of usefulness.

"In a large number of old people who constantly trouble the physician on account of their sleeplessness, I have found the use of this remedy in the manner above described to be of especial benefit; but I should limit the dose given to 1 gram.

"I believe that this dose of the drug used in this way, can have no worse effect than a simple glass of strong wine, which is so often prescribed for this class of patients.

"In conclusion, I would say that in my own case, as well as in the cases that have occurred in my private practice, I have seen no injurious consequences either to the nervous or digestive systems, follow as a result of the effect of the medicine, even when the same was continued for months."

In the minute directions that Dr. Starcke gives for the use per enema of the hydrate of chloral, I think he has omitted one important point, and that is, that the rectum should be well cleared out by an injection of warm water before the remedy is used, if we are going to be sure that we will have none of the obstacles to the complete action of the drug that he claims we are so likely to have when it is given by the mouth.

W. S. CALDWELL.

PARIS, Sept., 1878.

No. II.

LAPAROTOMY.—SUCCESSFUL EXTIRPATION OF FLOATING KIDNEY.

In visiting the surgical wards of the hospitals of Europe, and contrasting what I now see, with what I saw when abroad twelve years ago, there is no procedure in surgery that strikes me as having made so rapid a stride in that time as laparotomy.

An operation that a quarter of a century ago was considered fraught with the greatest danger, is now resorted to by many of the operators on the continent, with apparently as little hesitation as that with which the ordinary surgeon will open an abscess.

Soon after I came to Berlin this summer, Prof. Schröder brought a woman before the class who had a large abdominal swelling which he thought was an ovarian fibroid tumor; but not being well satisfied as to the diagnosis he proposed to make an abdominal section, in order to clear up this point, as well as to see what could be done in the way of relief by the knife.

He made an incision in the median line extending from near the symphysis pubis to the umbilicus, brought the tumor well into view, in fact brought with it a large portion of the small intestines entirely without the abdominal walls.

The growth proved to be a cancer of the mesenteric glands, and so attached that its removal was out of the question.

The wound was closed up and dressed with Prof. Lister's dressing—the operation having been done under the carbolized spray—and the patient recovered without an untoward symptom. In a paper on ovariotomy lately read by Dr. Martin, before the *Berliner Medicinische Gesellschaft*, he took strong grounds in favor of the almost absolute safety of this operation when properly and antiseptically done.

During the discussion of this paper, Dr. Küster related that he had lately opened the abdomen freely, to clear up the diagnosis in a case that proved to be one of carcinoma of the left ovary, having extensive attachment with the peritoneum. Removal could not be effected.

The wound was closed up, healed by first intention, and, at the end of eight days, the patient was as well as usual.

When she afterwards died from the effects of the cancer, the autopsy showed that the effect of this grave operation had left no traces behind it, save the slightest remains of a circumscribed peritonitis in the median line.

The speaker (Dr. K.) believed that in case of abdominal growths, where it was impossible to arrive at a correct diagnosis by other means, that laparotomy might be resorted to with absolute safety.

This discussion brought up another question of great importance to the ovariotomist, which is that of the carbolic acid poisoning said to sometimes follow the use of the carbolized spray.

Dr. Martin was of the opinion that the dangers from this accident were greatly over-estimated, while Dr. Küster believed that in case of children or very anæmic persons of adult age, that a solution of from 2 to 2½ per cent., used as a spray, was very dangerous.

The latter gentleman related a case of ovariotomy that he had lately done, under a spray of thymic acid, the patient having recovered without any bad symptoms, and he strongly urged this agent as a substitute for the carbolic acid. He used it of a strength of 1-10th per cent., and considers it as absolutely free from any danger of a toxic character, as well as being equal to the carbolic acid as an antiseptic agent.

During the past winter I saw Prof. Billroth perform ovariotomy under the spray; the patient, soon after the operation, passed into a comatose condition, and died, as Prof. B. thought, from carbolic acid intoxication.

After that the room (a small one) in which these operations were done, was thoroughly impregnated with the carbolized spray, but none was used at the time of the operation itself.

On the other hand Prof. Shröder, of Berlin, does all his ovariotomies under a 2 per cent. carbolized spray with the most happy results, and has no fears of any injurious influence from this agent.

Since last February, Prof. S. has done this operation forty-five times with only four fatal results, and of his last thirty patients he has not lost a single one. In performing ovariotomy Prof. Shröder uses no clamp, and dispenses with all drainage.

The cases that I saw him operate upon, were simple ones, with no very great extent of adhesion. He tied the pedicle with a silk ligature and closed up the abdominal walls completely. I asked him if in case of extensive adhesions and considerable hæmorrhage he would not adopt some form of drainage. His reply was that in his early operations it was his custom to use some method of drainage, but that latterly he had used none, and since this change his results had been much more favorable.

Billroth always used, in the cases I saw him operate upon, the ordinary drainage tube draining through the abdominal walls dropping the lower end of the tube well down into the cul de sac of Douglas. His statistics I believe are not good as compared with those of other prominent ovariotomists.

I saw Prof. Shröder extirpate the entire uterus in a woman, 42 years of age, for cancer of that organ. The patient made a good recovery, though not without considerable constitutional disturbance. This was his third operation of the kind, only one of the cases proving fatal.

I assisted Dr. Martin in the performance of this same operation on a rather delicate woman of 47 years of age. In her case the pelvic lymphatics were found considerably involved, and, in the doctor's efforts at their removal, the patient lost considerable blood and never reacted well after the operation, dying 18 hours after it was performed.

EXTIRPATION OF THE RIGHT KIDNEY.—On the morning of July 25th I assisted Dr. Martin in the performance of the operation named above.

The patient was an unmarried woman, aged 29 years, and had one child. For the last two years she had suffered most intensely from a pain in the right hypochondrium, extending around the entire diaphragm and down as far as the right iliac fossa.

The patient, although apparently in moderate health, had scarcely as she asserted, been free from pain for the last year.

Physical examination showed her to be suffering from a floating kidney; and although the organ was far less movable than in many of the cases I saw in the private course of Dr. Oser, of Vienna, her sufferings were all attributed to this cause, and hence this very grave operation was resorted to.

An incision was made in the median line, extending from near the ensiform cartilage to the umbilicus. After this free incision was made, it was found that the kidney had fallen so far back into its natural position that it could not be reached until the patient had been turned nearly on to her abdomen.

The organ was now caught with a strong pair of rat-tooth for-

ceps, brought forward toward the opening in the abdominal walls, and its peritoneal covering divided by the knife.

The vessels that supply it were next ligated by three strong silk ligatures applied about three centimeters distant from the kidney itself, leaving a long flat pedicle after the organ was cut away.

The hemorrhage that followed the operation was considerable, but great pains was taken to remove all blood from the abdominal cavity by means of sponges wrung from a 2 per cent. solution of carbolic acid.

The wound was closed in the usual manner and dressed antiseptically, the operation having been done, of course, under the spray.

The patient was now placed in a well-ventilated and isolated room, kept perfectly quiet, not being allowed to even raise upright to pass her urine.

To give some idea of the constitutional disturbance that followed the operation, I append the following notes of her temperature:

July 25th, 8 o'clock a. m., temp., 36.4°. On the following days the temperature ranged thus: 26th, from 37.3° to 38°; 27th, from 37.3° to 38.7°; 28th, 38° to 39°; 29th, 37.5° to 38.6°; 30th, from 37.9° to 38.3°; 31st, from 37° to 38°; August 1st, from 36.6° to 37.5°.

I watched the patient for a month, during the first three weeks of which time she had every day a slight elevation of temperature.

When I last saw her she was nearly convalescent. The urinary secretion was about two-thirds of the normal amount for the first three weeks, and near four-fifths after that, and never was markedly altered in its chemical constituents.

This is Dr. Martin's third operation of this kind, and, wonderful to relate, his cases have all recovered.

Professor Billroth (I believe) has done the operation the same number of times but his cases have all died, though I think they were all performed for malignant or other diseases of the kidney. Professor B.'s mode of operating is to make an incision through the lumbar region, reaching the organ with less violence, as he thinks, to the peritoneum and adjacent tissues.

Dr. Oser claims that one woman in ten, who have borne children, have a movable right kidney, which he attributes to the loose manner in which this organ is bound down by its peritoneal attachments on this side, the ascent of the uterus during pregnancy loosening up these attachments.

He further claims that this affection plays an important role in the nervous diseases of females, which is often overlooked by those who are not accustomed to the more minute methods of physical exploration.

W. S. CALDWELL.

PARIS, Sept. 20th.

Domestic Correspondence.

THE LAW OF ILLINOIS CONCERNING INSANE PERSONS.

The following open letter has been addressed to the Board of State Commissioners of Public Charities of the State of Illinois, Hon. George S. Robinson, President, by Dr. R. J. Patterson, of Batavia, Illinois:

The law of Illinois regulating the commitment of insane persons to hospitals is peculiar. The like of it does not exist in any other State or country.

Your Board of Public Charities, to which, in a special degree, the welfare of the insane is by law committed, is properly looked to for any suggestions in regard to needed changes in this law; and in the absence of any suggestions, changes are not likely to be made.

The law appears to me to be objectionable from a medical point of view, and I deem it proper, therefore, to call your attention to some of its objectionable features:

The Trial by Jury. It is not claimed by anyone that the jury trial confers any protection or other benefit upon the really insane. It is humiliating, offensive and hateful to those of them who have not lost nearly all perception and sensibility. It is also odious to the family and friends of the insane, as shown by the fact that they often seek to evade it.

It is alleged that the jury trial is necessary to protect sane persons from imprisonment by mistake or fraud.

I reply, that the jury trial has not been found necessary or desirable in other States or countries; and the evils sought to be avoided, if they ever existed, must be of exceedingly rare occurrence, and that mistakes and fraud are possible, and do actually exist, under the present law.

The following letters show that persons have been tried by jury and committed to hospitals who were not insane. They also show that persons who were really insane have been subjected to the ordeal of more than one trial, because of the incompetency of the jury to weigh the evidence which proved the insanity; therefore, neither the personal liberty of the sane nor the welfare of the insane is secured by the present law. So easy has it been found to either deceive or suborn a jury, that simulating criminals gain admission to hospitals as means of escape, while the insane are kept waiting:

ILLINOIS CENTRAL HOSPITAL FOR THE INSANE,
SUPERINTENDENT'S OFFICE, JACKSONVILLE, Ills., Sept. 11, 1878.

DR. R. J. PATTERSON—*Dear Sir:* Your letter of the 9th inst. is received In answer to your first question, as to whether any person or persons, who were not insane, have been declared insane by a jury, I would say, I have in mind two cases. Both were arrested for some criminal act, showed symptoms of insanity while in jail, were "tried for insanity," and, by a jury, found insane. Both were sent here, and both escaped, after a brief stay with us. I think neither was insane.

Answer to second question: It has not unfrequently come to my knowl edge, where persons have been subjected to a second trial, before the neces sary verdict to commit them to the hospital could be obtained.

Yours, very truly, H. F. CARRIEL.

NORTHERN HOSPITAL FOR THE INSANE,
ELGIN, Ill., Sept. 17, 1878

DR. R. J. PATTERSON, BATAVIA, Ill.—*My Dear Doctor:* Replying to your letter of inquiry of the 9th inst., I have to state that during the past five years four men and two women, resident in adjoining counties, have been adjudged insane upon jury trial before our county courts, in accordance with the requirements of the statutes of this State, and duly committed to this hospital as "fit persons for detention and treatment here," who, upon investigation, were found to be "*not insane*," and consequently dismissed from the custody of the institution and given their full liberty again. I will state further, that many instances have come to my knowledge where *insane persons* have been subjected to *two or three jury trials* before being declared insane, and this in the face of the clearest evidence as to their derangement, if analyzed by those competent to weigh testimony of this kind. Of course this is all *wrong*, as it not only retards treatment

in the early stages of the disease—its most hopeful period—but wounds, nay, outrages the finest sensibilities of our being, and works an injury to the insane and their friends that is well nigh irreparable. I should be glad to see some change in the law that would do away with these "criminal proceedings." Very truly, yours,

EDWIN A. KILBOURNE.

The above letters, from the medical superintendents of two of our State hospitals, are high testimouy. It is beyond a reasonable doubt that no less than eight persons have been committed to two of our State hospitals by jury trials who were not insane. I challenge anyone to show such monstrous abuses under any other legal proceedings in the history of the State.

It is a fact well known to the medical profession, that very early treatment is the most important factor in the restoration of insane persons to health. It is generally admitted, also, that the well conducted modern hospital affords the best known means for successful treatment. Whatever, therefore, puts a hindrance in the way of the promptest admission to early treatment of the insane vitally injures them.

The jury trial in open court, having the forms of a criminal procedure, the publicity given to it, the crowd of spectators often present, the delicate nature of the testimony sometimes demanded, the public exposure of infirmities which are the offspring of disease and not of crime, the danger in some cases to health and life from exposures, all tend to render the jury trial so objectionable and so offensive to the family and friends of the insane, that commitment to a hospital is likely to be delayed until the last degree of endurance has been reached, and the most favorable period for successful treatment has passed. Our large hospitals and our poor-houses are over-crowded with the chronic incurable insane, notwithstanding the fact that the State has provided for the care of more than 1,000 patients within the last ten years, while the present law has been in force. Is it not possible that the detestation in which the law is held, and the consequent hindrance to early treatment, may afford, in part at least, an explanation of the large number of incurable cases at last thrown upon the State and county for support?

The law, instead of facilitating the attainment of the promptest protection and relief to those who are helpless and dependent

because of dethronement of reason, makes those who are exempt from mental maladies and disabilities, the special objects of its paternal solicitude—though not one single authenticated case of abuse under previous laws had been adduced as a reason for departing from such legal proceedings as were in accordance with science and humanity.

If anyone asks why the law is shocking to the sensibilities of the insane and their friends, let him attend some of these trials, or glance at the reports of them in the daily newspapers. In the Chicago *Tribune* of June 21, 1878, appeared the following paragraph:

"In the County court, yesterday morning, a number of insane cases were called. The industry of the "*professionals*" in trying to get on the jury to try these unfortunates, on account of the two dollars in the job, was amusing, and was commented on quite freely. Some of the "professionals" succeeded in getting places, and, after considerable delay, the trials proceeded."

Another paragraph in the Chicago *Tribune* of August 22d read as follows:

"To-day is insane day in the County court, but, the judge being absent, no trials will be had. The insane now in jail, and around the police stations, must wait. Somebody is to blame, and cannot be blamed too severely. The unfortunates have committed no crime that they should remain in prison. A year ago, during the adjournment of the County court, all such cases were disposed of in the Criminal court."

Thus Illinois, in her zealous care to protect sane people, imprisons in a felon's cell insane persons for an indefinite period, awaiting the execution, possibly in a criminal court, of the provisions of her sardonic law.

On the 11th of June, 1878, eleven cases were set for trial. The "professionals" doubtless succeeded in getttng on the jury and obtaining the two dollars in the "job." Of these eleven defendants, he whose case was called last, was possibly compelled to listen not only to the evidence in his own case, but to the incoherent vociferations as well as the testimony in regard to the ten other defendants whose trial proceded his. Comment is unnecessary, further than to say that such treatment and exposure of the insane is not humane or even decent, and it seems incredible that any right-minded man of ordinary perceptions and sensibili-

ties should regard such court-room scenes with feelings other than those of detestation.

The laws of England and Scotland in regard to the commitment of insane persons to hospitals, are the result of long experience and intelligent observation. In England, insane persons are committed to hospitals upon the certificate of two physicians, and the written order or request of nearest relatives, friends or guardians. In Scotland, in addition to the forms required in England, the intervention and order of a magistrate is required. Nowhere in Christendom is the trial by jury thought necessary, except in the State of Illinois.

The Earl of Shaftsbury, for many years chairman of the English Lunacy Commission, recently gave evidence before a parlimentary committee of inquiry as to the lunacy laws and condition of the insane, as follows :

"What I state shows the absolute necessity of paying great attention to the earliest stage of the disorder; and though I could by no means render admission into the asylums more easy than it is, I most undoubtedly would not render it more difficult."

When asked directly as to his views of the Scotch system of the interposition of a magistrate (page 518) and its incorporation with English law, he says: "I am sure it would be most repugnant to our tastes and feelings to have the civil magistrate interpose in these matters." "It would be no protection whatever." "I cannot conceive of anything which to my mind would be worse. I will do anything I can in the world to protect the patient; but I know if I were to assent to do what is proposed, I should assent to that which would be doing him an irreparable evil."

C. S. Percival, secretary of the Commissioners of Lunacy, says: "In my opinion the medical certificates are the most important safeguards to the personal liberty of the subject, and the present forms are sufficient."—Page 461.

Dr. Fox says: "I do not think the intervention of a public officer would be of any material value at all to the liberty of the subject; it would oppose an additional difficulty to the earlier treatment of insanity, which is so very important."—Page 463.

Mr. Wilkes, Commissioner in Lunacy, says: "The present law is quite sufficient to protect the personal liberty of the people."—Page 265.

Dr. Lockhart Robertson would have as a commissioner "a leading physician in the district (asylum district) to renew the medical certificates upon which the patient was originally admitted."—Page 467.

Dr. Bucknill says: "I think the principle should be to make the admission as easily as possible, to provide for early treatment."—Page 473.

Dr. Maudsley "was strongly of the opinion that the present forms for the admission of private patients are quite sufficient, and, if made more

stringent, would operate injuriously to their early treatment and chances of recovery."—Page 490.

"If it is considered desirable, as I have heard suggested, that the medical certificates go before some public officer before they are acted upon, it seems to me no public officials would be better qualified than the commissioners (of lunacy), to whom exact copies are now sent within twenty-four hours. If the matter were really entered into in each case, it would be a very anxious responsibility—a formidable matter to undertake; if not, it would simply become a mere matter of routine, which, adding to the publicity, and adding to the expense, and adding to the delay of getting a patient under care, would make early treatment more difficult than it is."—Page 494.

Question 3744: "You think that if there was more care taken, or more delay in admitting or consigning patients to asylums, their cure would be more doubtful?"

Answer: "Undoubtedly, there are two great objects to be kept in view with regard to the detention of patients; they are put under care, not only for their own safe custody, because they are dangerous to themselves or others, but another and most important object, if insanity is to be cured, is, that they be put under care for treatment, and early, because recoveries are entirely in proportion to the early stage in which treatment is adopted. If regulations are made more stringent than they are now—and indeed the present regulations operate, to some extent, in that direction—the friends of patients will, instead of sending them from home, as is almost essential in a case of insanity—unlike, in this respect, other diseases—keep them at home under improper conditions, and so very much injure their chance of recovery."—Page 492.

"It is my experience, as a physician, that the friends shrink very much from that [going through forms]. They dislike the supposed publicity of it; they dislike the formality pronouncing him a lunatic; and they will not remove him in consequence."—Page 492.

Dr. Mortimer Granville says: "I think the best plan would be for a patient to be sent, under ordinary circumstances, to an ordinary hospital, immediate notice being given to the Commissioners in Lunacy, who would instruct some official on their behalf to visit and certify to them the condition of the patient and expediency of retaining him."—Page 502.

Mr. Charles P. Phillips, Commissioner in Lunacy, said: "In twelve years of experience as a Commissioner in Lunacy, he had not known a case where a person, being sane, had been improperly confined in an asylum."

Those of the medical profession in the United States who have given most thought to the welfare of the insane, and who are, therefore, most entitled to hold opinions, substantially agree with the Earl of Shaftsbury, the English Lunacy Commision, and the medical profession in England and Scotland.

Every physician knows that the removal of certain cases of puerperal insanity to court-houses in cold weather, to localities

distant from the patient's house, may endanger not only the recovery but the life of such patient. There are risks, it is true, from exposure in removing them to a hospital—but this is a necessity. No humane reason can be assigned for an added risk which in some cases is little less than homicidal.

The law is objectionable, because the jury trial exposes to public comment in detail, family diseases, infirmities and infelicities which the public have no claim to know.

The law is objectionable, in that it debars non-residents the privilege of receiving treatment at *private expense* within the boundaries of the State. If an insane person should be brought by friends for temporary treatment at private expense, from the State of Wisconsin to any place in Illinois where insane persons of the private class are treated, he cannot receive treatment without the jury trial and this cannot be obtained, the courts having no jurisdiction in such cases. This proscription bears heavily on the patient. It is not humane, nor does it regard the comity which should exist between States.

In short, the law, by its hard condition, practically works a hindrance to prompt treatment of the insane while there is most hope of recovery, and thus tends to fill our hospitals with incurable cases. It is my belief that it entails upon the State a life-long support of many, and a life-long suffering upon some who might be restored to health by the earliest and best treatment.

Allow me respectfully to suggest to the Board of State Charities, which has the welfare of the insane to a special degree in its keeping, that the personal liberty of the individual may be preserved more fully than it now is, and yet the evils of the jury trial in cases of insanity done away with. I would by no means jeopard the liberty of the individual, but would make it more safe than it now is, by leaving the question of insanity with those equally honest and more competent than the average juryman.

In the State of New York, the requirements of the law, which are especially commendable, for the commitment of an insane patient to an asylum are:

1. A certificate of two physicians, under oath, setting forth the insanity of such person.

2. That the physicians signing the certificates must be duly

qualified as medical examiners in lunacy, by being certified by a judge of a court of record as possessing the requisite qualifications; that the certificates shall be made on personal examinations of the patient, in accordance with forms prescribed by the State Commissioner in Lunacy, and bear date of not more than ten days prior to the commitment.

3. The certificates must be approved by the Judge of the county or district in which the patient resides.

On account of those who see safety only in the jury trial, this may be *permitted* in every case, but it should not be *compulsory* in every case.

I will suggest a return, in part only, to proceedings under the old law. Unless the New York law is satisfactory, I would require, as a prerequisite of admission to a hospital, in each case, the sworn certificate of a commission, to be appointed by any court of record, this commission to be composed of two physicians and a lawyer. It should be the duty of the commission to visit the person alleged to be insane, and to report, in writing, directly to the court, its opinions and the reasons for them. The court, in its discretion, may approve the finding of the commission. In case the court should fail to be satisfied with the report of the commission, it should have power to call a jury, and should be required to do so whenever the trial is demanded by the person alleged to be insane, or by any citizen of the State.

A law after this project would not be less exacting than the most rigid code of any of the United States, nor that of England or Scotland.

Respectfully,

R. J. PATTERSON, M. D.

BATAVIA, ILL., October 1, 1878.

THE librarian of the Chicago Medical Press Association hereby acknowledges the receipt, from the Woman's Hospital Medical College of Chicago, of a collection of books, consisting of 44 bound volumes and 158 Journals.

Editorial.

TWO PICTURES.

On the 12th day of October last, Judge Williams of this city delivered an opinion in the case of Nathan T. Aikin vs. The State Board of Health, a portion of which is well worth reproduction.

The name of Aikin does not appear on the register of the physicians of the State, published under the auspices of the local and State Medical Societies. It would appear, however, that, having presented proofs to the Board of Health that he was possessed of a properly issued diploma in medicine, Aikin secured a license to practice, made out in regular form. Thereupon he proceeded to make known his special skill in various departments of medicine, by means of newspaper advertisements, which came finally to the notice of the Board. The plaintiff was thereupon notified by the Board of Health, that such advertisements would not be considered proper when put forward by their licenciates; and this remonstrance induced Aikin to submit to the Board a form of public notice or advertisement, which seems to have met with their approval. This the defendant proceeded to insert in the daily papers; but afterward, either emboldened by his success or stimulated by an urgent need of it, he proceeded to amplify this permitted advertisement till it became again obnoxious to the Board. Aikin was then given notice to appear before them and show cause why his license should not be revoked. He then proceeded by civil process to test the powers popularly supposed to be vested in the Board by the law which called it into existence. The action was in the form of a petition for an injunction from the court prohibiting the State Board of Health from depriving the plaintiff of his license to practice medicine. The

case was well argued on both sides; elicited a great deal of comment from many of the laity as well as the professional gentlemen of the city; and its decision is, as will be seen, decidedly in favor of the State authorities.

After reviewing the facts and the arguments, and quoting the clauses of the statute empowering the State Board to revoke certificates for cause, the learned judge said :—

The State Board was a corporation constituted expressly to have charge of medical practice and practitioners, and to exercise surveillance over the professional conduct of physicians, so as to exclude empirics and raise the standard of medical acquirements. Such a Board must of necessity be vested with large discretion. It ought to be so vested, and in the legitimate exercise of its discretion, ought not and could not be properly controlled by judicial tribunals. Its duties and position made it fit to judge of the professional conduct of physicians, and no power was given to any other body or officer to supervise it.

A physician might be guilty of unprofessional and dishonorable, and yet not of criminal conduct. It would have been a work of supererogation for the legislature to have given the State Board supervision over unprofessional conduct if that and criminal conduct had been synonomous. The term "unprofessional" was far wider than "criminal," and what was "unprofessional" conduct could only be determined by bringing the act to the professional criterion, and nobody could be better qualified to decide such questions than the State Board, five out of seven of whom were physicians themselves. "Unprofessional" conduct did not, therefore, necessarily involve criminal or immoral acts, but was such conduct as was inconsistent with the honorable practice of the profession, and, in judging of such conduct, the Board of Health had a wide discretion, which should not be interfered with by courts.

The general rule of law applicable to the point was, that equity would not interfere, by injunction, for the purpose of controlling the action of public officers, constituting inferior quasi-judicial tribunals on matters properly pertaining to their jurisdiction, nor would it review and correct errors in the proceedings of such officers, the proper remedy, if any, being at law, by writ of certiorari; and when they had exercised their decision, in good faith, and without any intention of oppressing or injuring private persons, an injunction would not be allowed against their action.

But, independent of the exercise of discretion, it appeared, as a matter of fact, that the advertisements of Aikin were unprofessional, for a large number of the most eminent physicians in the city had testified to that effect, and some had added that such advertisements were false.

Another objection by Aikin was, that the law creating the State Board was unconstitutional, depriving some physicians of their property without due process of law. It was, therefore, necessary to determine whether a license to practice a profession was a constitutional privilege or property. Any man was at liberty to choose his own profession, but he could only practice it on

the terms imposed by the law, and the law could impose such terms on any profession or employment as the legislature in its discretion deemed for the best interests of the community. The law had always sought to fill the learned professions with learned, upright, and honest men; and, though it had sometimes failed, the attempt was in the right direction, and for that purpose it had hedged law and medicine round with licenses. Men who had the property and lives of others especially intrusted to their keeping, ought to be men of skill and learning. More than that, it was of the utmost importance that all dishonor and dishonesty should be expelled from the learned professions, and the tendency of legislation had always been to effect that result. It had been expressly decided that the right to practice law was not a constitutional right, derived from the law of nature, but a mere creation of the statute, and a license only conferred a statutory right, subject to the control of the legislature. It was not property, nor even a contract between the legislature and attorney.

In no proper sense could the words "property" and "contract" be applied to the right to practice medicine. Such right was not descendible from its possessor to his heir, could not be bought or sold, and might be lost by misconduct or immorality on the part of the practitioner. It was not necessary, in order to constitute uniformity in the law, that it should bear equally upon all citizens of the State, but only that it should bear equally upon all who stood in the same relation to it, upon all who were under substantially the same facts. A physician who had practiced ten years would, by that practice, acquire a knowledge of local diseases and their treatment not to be attained by a stranger to the region, however extensive might be his reading. Every rule must to a certain extent, be arbitrary, and a Court would hesitate to declare a law unreasonable because it applied to some under one state of facts and not to others dissimilarly situated. And a Court would decline to set aside positive enactments of the legislature merely on the ground that in their opinion the law was unreasonable.

But, as the right to practice medicine was a mere statutory privilege, subject to be changed at any time by the legislature, and did not rise to the dignity of a contract or of property, there was no reason why such a privilege should not be denied to one man and extended to another in the discretion of the legislature. The objections to the law for want of uniformity, therefore, were not well taken.

The motion for injunction would accordingly be overruled.

Knowing the incompleteness and the actual legal deficiencies of the law under which the Board of Health was organized, we cannot fail to regard it as a matter for congratulation, that the courts have consented to construe its provisions, not by its letter which is defective, but by its spirit, which is calculated to awaken the sympathies of all professional men in good standing. Whether the Board of Health shall stand or fall, whether its powers be

curtailed or enlarged by a future legislature, we find abundant cause for congratulation that one of our eminent judges has laid down a valuable precedent in an opinion which reflects credit upon himself and the profession to which he belongs. It is an opinion written in that large and comprehensive view of the status of the professional man, which recognizes the fact that, while all men have inherent rights and privileges in the matter of barter and trade, the best interest of the community requires that law and medicine should be hedged about with such licenses, that only the learned and the upright shall be privileged by recognized membership. Surely the State Board of Health need not be reminded that this decision, justly in their favor, is due far more to the influence exerted by the general character of the professional men in the country upon the community at large, than upon any act or acts of theirs, as a corporate body. The decision is in general terms, upon professional conduct as viewed by "five physicians," out of the seven members of the Board.

For the Board itself, which may be said to be still on trial before the public and the profession, no verdict is found. The victory of the Board—and it is a victory—has been won rather by the honorable record of the mass of the profession, than by the five men referred to in the decision.

Very soon after its organization, we announced in these pages that we were unwilling to hamper the first steps of the Board by any adverse criticism. Though often tempted to comment in an unfavorable manner upon certain of their procedures, we have steadfastly refrained from uttering a word which would embarrass or cripple them in the performance of their duties. Nor shall we do so now. We wish for them the largest degree of usefulness which it is possble for them to achieve. We believe that, indeed, they can scarcely fail to do more in each succeeding year, than they have done in the past year of their labors. We believe also that the composition of the Board—its union of homœopathic, eclectic and regular practitioners—has been admitted to be no bar to the faithful execution of its task. But we have a stern duty to perform, as independent journalists, and from that duty we shall not shrink. We propose to point out the glaring inconsistency in the gross results accomplished by their action, which

has been fretting the conscience of the physicians of this city and State ever since January, 1878.

When Dr. Aikin went out of court, non-suited, he might have purchased a daily newspaper published in this city. That newspaper, a few months ago, was engaged in what the editors thought was a crusade against the medical schools of Chicago, on the ground that the latter should adopt a higher standard of education in science. And the editors of this sheet were at the same time receiving money from the publication of the flaming advertisements, the *ipsissima verba* of which we copy from the *Chicago Times*, and commend to Dr. Aikin's consideration:—

DR. JAMES, LOCK HOSPITAL, 204 WASHINGTON ST., COR. FRANKLIN, CHICAGO.—Chartered by the State of Illinois for the express purpose of giving immediate relief in all cases of private, chronic and urinary diseases in all their complicated forms. It is well known Dr. James has stood at the head of the profession for the past thirty years. Age and experience are all important. Seminal weakness, night losses by dreams, pimples on the face, lost manhood, can positively be cured. Ladies wanting the most delicate attention, call or write. Pleasant home for patients. A book for the million—Marriage Guide—which tells you all about these diseases who should marry, why not; 10 cents to pay postage. Dr. James has fifty rooms and parlors. You see no one but the Doctor. Office hours, 9 a.m. to 7 p.m.; Sunday, 10 to 12. Dr. James is 60 years of age. Stammering and stuttering cured, or no pay.

CURE YOURSELF.—French Specific Mixture, guaranteed to cure radically, diseases of certain secret and delicate nature in either sex or condition. Price $1. Full directions with each bottle. Sent by express. Sold only by E. L. Stahl, cor. Van Buren and Fifth ave., Chicago.

DR. A. G. OLIN'S PRIVATE HOSPITAL, 203 SOUTH CLARK ST., CHICAGO.—Everybody, from Atlantic to Pacific, has heard of Dr. Olin's skill in treating chronic and sexual diseases of men and women, spermatorrhœa, sexual debility, impotency, nervousness, seminal emissions, loss of memory from self-abuse or other causes, cured permanently. "Guide to Health," 64 pages, two 3-cent stamps—large work, choice information of special interest to both sexes, 50 cents. Reliable female pills and rubber goods at office. Special care, with board, for ladies during confinement.

DR. HENDERSON, 171 EAST MADISON STREET, CHICAGO, ILL. *A regular graduate in medicine. Over ten years' practice.*

Treats all forms of Chronic, Nervous, and Private Diseases, Spermatorrhœa, Sexual Debility, etc. Guarantees his best attention and treatment. Charges reasonable. Medicines furnished. Patients at a distance treated by letter. Consultation free and confidential—call or write. Illustrated BOOK and circulars sent sealed for two 3c stamps—free at office. 8 a. m. to 7 p. m. Sundays, 2 to 4.

The authors of these advertisements are practicing medicine here in Chicago, in the manner set forth with great clearness by themselves. Some of them are said to be operating under assumed names, and to have had their "hospitals" and other institutions incorporated under the general law of incorporation of the State —the very source from which the State Board of Health acquires all its powers and emoluments. They may have become exempt by virtue of the clause which excludes all from the operation of the licensing law who have been practicing medicine in this State for more than ten years. And they may also be not exempt—who knows? The bare fact remains that, after almost one year of the existence of the State Board, these men, by the aid of the *Chicago Times*, are flinging the spume of the brothel and the filth of the sexually depraved, upon the breakfast tables of a large proportion of the news-reading public.

We know what may be said in answer to all this. Rome was not built in a day. The Board of Health cannot correct all evils at once, and do they not well if they correct a few? Even admitting all that may be said in regard to their limited powers, we cannot ignore these facts. There is a love of fair play and fair dealing inherent in the Anglo-Saxon, that cannot complacently contemplate the spectacle of the incautious youths in the city and the more experienced peripatetic peddlers of nostrums in the country, arrested in their career by the strong arm of the law, which yet is paralyzed in the presence of the hoary scoundrels, rooted in the heart of almost all our larger towns, strong mainly in the wealth accumulated in the very sewers of society, debauching the public morals in the public prints, and defying all the restraints imposed in the name of decency.

Till this great ulcer is healed or hidden from the public gaze, the professional men of this city cannot applaud with enthusiasm the operations by which the Board of Health may seek to remove an insignificant blemish upon the visage of the profession displayed to the public view.

Reviews and Book Notices.

HANDBOOK OF OPHTHALMOLOGY. By Prof. C. Schweigger, of the University of Berlin. Translated from the third German edition by Porter Farley, M. D., Rochester, N. Y. Philadelphia: J. B. Lippincott & Co. Chicago: Jansen, McClurg & Co.

We cannot imagine what has induced the translator to omit the author's preface. It is certainly contrary to all usage, and especially in this case we regard this omission a strange mistake — the only mistake, by the way, Dr. Farley can be accused of—because Schweigger's book differs from the usual plan and style of text-books so essentially, that the explanatory preface of the author is indispensable to an understanding of his intentions and his idea of a "handbook."

Schweigger has no great faith in mere book learning; he does not believe that a text-book can be substituted for didactic lectures and clinical demonstrations; he regards a handbook merely as the skeleton to which clinical teaching can and must give flesh and life. He, therefore, endeavored to make his book as concise as possible, and on this account omitted an introductory chapter on anatomy and physiology of the eye. With reference to this omission he says in the preface to the first German edition: "He who wishes to engage in the study of ophthalmology must possess the requisite knowledge of anatomy and physiology and optics, or he must be able occasionally to consult the text-books of these disciplines. Only where the discussion of certain questions required it, the field of the above named branches was entered upon." We fully indorse every word. These chapters on the anatomy and physiology usually found in

text-books, are too generally incomplete to be of much value, and only fill a number of pages which may be used to a better purpose. The omission of these chapters inaugurates a reform in the right direction; it places the ophthalmological text-books on the same standard with works on surgery or practical medicine, which do not contain the anatomy and physiology, but only discuss the diseases of the several parts of the human body.

In view of the fact that within seven years Schweigger's handbook has attained its fourth edition, it would seem almost preposterous to question if the English edition will meet with a similar success. It has many excellent features, not the least of which is the absence of all unnecessary phraseology. The style is very compact; the descriptions are condensed into the fewest possible words. But the desire for utmost conciseness is carried to an extreme; the author is often so brief, his writing so aphoristic that the reader must already have a great deal of knowledge in order to catch the meaning of the text. This is not the right style of a book for students, and we therefore fear it will not become a popular text-book in this country.

Besides it seems to us as if the work does not show that keen appreciation for the wants of students and practitioners, which is always a prominent feature of English text-books. A glance at the general composition will show the difference between these and the German work. Schweigger has divided his book into three parts of almost uniform length. The first part treats of the anomalies of refraction and accommodation, and of the ocular muscles; the second part contains the diseases of the orbit, lachrymal apparatus, eyelids, conjunctiva, and all affections of the eyeball, except those of the fundus; and in the third part the diseases of the fundus (choroid, retina, optic nerve, glaucoma and amblyopia) are discussed. The first part covers 188 pages; the second part, 210 pages, and the third part, 148 pages. Soelberg Wells allows to the same subjects 110, 383, and 112 pages respectively; Brundewell Carter, 85, 245 and 60 pages. These and other authors justly devote by far the larger space of their books to the consideration of those diseases which are common in the daily practice of a physician and on which he needs the most

information. Schweigger disregards these practical wants, and seems determined to make his three parts as uniform as possible, just as if he had written a drama under the old rule that the three acts should be about equal in length. In order to accomplish this aim he launches in the first part upon theoretical speculations which are just as learned as they are useless. For instance, he devotes ten pages to a discussion on the size of the ophthalmoscopic image. The mathematical formulæ in which these calculations abound, will make a student's hair stand on end. But *cui bono?* What practical results can be drawn from these calculations? None, whatever! The very foundation of the formulæ is hypothetical, and consequently the result must be liable to gross errors. The calculations are based upon the assumption of an uniform size of the optic disc, and upon the optical relations of the Listing-Donders' schematic eye. But the optic disc is not of an invariable size; it shows individual variations. And the schematic eye does not accurately represent the dioptric apparatus of the innumerable individual variations of the human eye. But granted the ophthalmoscopic image to be enlarged from fifteen to twenty times; does it so appear to the observer? If we let a dozen students make an accurate drawing of the same optic disc as it appears to each of them, we shall observe the strange fact that no two students will represent the same size of the optic disc. And we only need to compare the ophthalmoscopic pictures of a Stellwag, a Jaeger, a Liebreich and others in order to be fully convinced of the fact that the enlargement in which the fundus appears to each observer, depends as much on his individual faculty of projection as on the magnifying power of the dioptric media. Jaeger, for instance, is known for the scrupulous accuracy and enduring pains with which he delineated the pictures of his ophthalmoscopic atlas; yet all his figures appear as if magnified seven times only! And to us at least the optic disc always appears larger than Jaeger's figures.

If we finally mention that Schweigger himself admits that no practical conclusions can be drawn from these calculations, we hope the reader will agree with us that such useless theoretical speculations do not enhance the practical usefulness of a book.

Still this is a very slight blemish as compared with the sometimes very unsatisfactory way with which practically important subjects are disposed of in the second part of the book. To repeatedly advocate the use of lead lotions without a word of caution as to the damage which may possibly be done to the cornea by staining; the dismissal of so important a disease as iritis on a few pages; and to say not one single word about the division of the cataract operation into the preliminary irridectomy and the extraction (which plan has been adopted by many surgeons as the safer procedure), these are only a few instances of the deficiencies which we believe seriously effect the practical value of the book.

The translation and publishing work is done with great skill and praiseworthy care. We have discovered only one error worth mentioning (which by the way is not found in the original): on the last line of page 41 it should read 12 inches for 4.

F. C. H.

TRANSACTIONS OF THE AMERICAN GYNÆCOLOGICAL SOCIETY. Volume II, for the year 1877. Boston: Houghton, Osgood & Co.; Chicago: Jansen, McClurg & Co.

This most elegant and attractive work has but lately reached us, after many months of expectation; so long, in fact, had the reviewer waited for its appearance, that he had determined to shut his eyes to its external beauty, enter the book boldly, and slay a few of its contributors at all hazards. Now that it is here, it disarms adverse criticisms by its real excellence.

To begin with, there is the address of the retiring President, Fordyce Barker, in which he holds up the finger of warning to the over-bold modern uterine surgeon, and deals out to the members much advice in his usual dignified manner. Space not permitting, we can only pick out and mention some of the most prominent among the many original papers which follow.

First among these comes a paper on "The Functions of the Anal Sphincters," by James R. Chadwick, the secretary of the society, in which one only needs to read of the numerous experiments of the author to recognize the conscientiousness of his search after facts.

By special request from the society, John C. Dalton, of New York, presented a "Report on the Corpus Luteum," with twelve chromo-lithographic plates of extreme beauty, which gives us a pretty good idea of our present knowledge of these bodies, and makes permanent the idea of them that could only be outlined in the descriptive part of the report.

Following this is an essay on the "Pathology and Treatment of Puerperal Eclampsia," by Professor Otto Spiegelberg, of Breslau, Prussia, and another on "Dilatation of the Cervix Uteri for the Arrest of Uterine Hemorrhage," which is simply the reiteration of a fact long known and established, and cannot be styled original.

Of no small value is the warning of William T. Lusk, of New York, "On the Necessity of Caution in the Use of Chloroform During Labor." There can be no doubt that many cases are placed on record as death from syncope, or hæmorrhage, or heart disease, or pulmonary thrombus, etc., that, if clearly sifted, could be traced directly to the employment of chloroform. Dr. Lusk, after a candid recital of several unfortunate cases that came under his direct observation, sums up his experience as follows:

1. Deep anæsthesia carried to the point of complete abolition of consciousness, in some cases weakens uterine action, and sometimes suspends it altogether.

2. Chloroform, even when given in the usual obstetrical fashion, namely, in small doses during the pains only, and after the commencement of the second stage, may, in exceptional cases, so far weaken uterine action as to create the necessity for resorting to ergot or forceps.

3. Patients in labor do not enjoy absolute immunity from the pernicious effects of chloroform.

4. Chloroform should not be given in the third stage of labor. The relative safety of chloroform in parturition ceases with the birth of the child.

5. The remote influence of large doses of chloroform during labor, upon the puerperal state, is a subject that calls for further investigation and inquiry.

Following this comes what was evidently the prominent discussion of the meeting, suggested by a paper from Ely Faw-de-

Warker, of Syracuse, "The Present Status of the Intra-Uterine Stem in the Treatment of Flexion of the Uterus," in which the doctor makes an able and carefully-worded plea for what is evidently with him a favorite mode of treatment for uterine displacements. His views, as expressed in that paper, gave rise to a very warm discussion, in which almost every member joined, it being quite evident that the author had touched a very sensitive spot in the recollection of most of those present.

Dr. Battey, of Rome, Ga., next propounds the query: "Is there a Proper Field for Battey's Operation?" in which he so ably and logically sustained the affirmative, that he received quite an ovation of praise from all who joined in the discussion following the reading of his paper.

Probably the effort entailing the most time, trouble and careful consideration was that of Dr. Paul F. Mundé, of New York, on "The Value of Electrolysis in the Treatment of Ovarian Tumors." It occupies eighty-nine pages of the book, and contains much valuable information, the result of many months of continuous labor on the part of the author. We notice in this paper a discussion on a doubtful case of ovariotomy between two Chicago surgeons. This part of the book ends with a treatise on the "Hystero-Neuroses," "with special reference to the menstrual hystero-neurosis of the stomach," by George J. Engelman, of St. Louis, most carefully and elegantly written.

The second portion of the "Transactions" is devoted to the publication of papers presented to the Council by the candidates elected to fellowship. These seem to be all relating to subjects of practical importance, and the mention of their titles will suffice to give the reader a very fair idea of their nature; 1st, "Cases Illustrating Important Points Connected with Ovariotomy," by Gilman Kimball, of Lowell, Mass. 2d, "The Radical Treatment of Dysmenorrhea and Sterility by Rapid Dilatation of the Canal of the Neck of the Uterus," by Ellwood Wilson, of Philadelphia. 3d, "Dr. Uredale West's Views of Rotation," by John P. Reynolds, of Boston. 4th, "Vascular Tumors of the Female Urethra, with the Description of a Speculum Devised to Facilitate their Removal," by A. Reeves Jackson, of Chicago. 5th, "The Simple Varieties of Perineal Lacer-

ations; Their Prevalence, Consequences, and the Importance of Radical Treatment," by Thaddeus Reamy, of Cincinnati, in which the author rather startles us by the recital of the terrible consequences following any ununited rupture of the perineum, no matter how slight, and rather disturbs our conscience when we reflect on our guilt in not always doing as the doctor does, always restoring the perineum completely, even taking in a little more, when practicable, as he sometimes does. 6th, "Lying-in Institutions; Especially Those of New York," by Henry J. Garrigues, of Brooklyn; and 7th, "The Menstrual Cycle," by John Goodman, Louisville.

The paper on lying-in institutions is particularly interesting reading, and might prove of particular interest to the medical board of our County Hospital, who are at present countenancing the fitting up of a garret in a large general hospital for lying-in purposes.

The last pages of these "Transactions" are occupied by an index of gynæcological and obstetric literature of all countries, alone worth almost the price of the book. If any society of this kind has yet published a volume of transactions equal to this we have certainly never seen it.

THE PHYSICIAN'S VISITING LIST FOR 1879. Twenty-eighth year of its publication. Philadelphia: Lindsay & Blakiston.

As the first memento of the approaching new year, this little book has come to us. It is such a dear and true friend of every physician that our readers will undoubtedly be pleased to learn of its arrival. It looks as well as ever in a new coat and with all the old good qualities which have made it the pet of the profession.

ANATOMY, DESCRIPTIVE AND SURGICAL. By Henry Gray, F. R. S., etc. A new American edition, from the eighth n d enlarged English edition. To which is added Landmarks, Medical and Surgical, by Luther Holden, F. R. C. S. Philadelphia: Lindsay & Blakiston; Chicago: Jansen, McClurg & Co.

It would be superfluous to say more than to announce the appearance of a new edition of this excellent work, which for

twenty years has been the most popular text-book of anatomy in the English language. The editors have carefully retained all the good features of the old editions and have made all the changes in the section of microscopical anatomy necessary to keep the standard of the book abreast with the advancement of microscopy. The addition of Holden's Landmarks will only enhance the practical value of the book.

How to be Plump: Or Talks on Physiological Feeding. By T. C. Duncan, M. D., etc., etc. Chicago: Duncan Brothers, 1878. 12 mo. pp. 60.

This little volume is a remarkable production. It goes forth as a tract to the people and the doctors, ostensibly to instruct the lean how to be plump.

Plain directions are given for the accomplishment of this purpose, in a most inexpensive manner. Thin down your diet to slops; eat soup freely, and drink regularly of water between meals—this is the way. Could anything be simpler?

But the book is clearly written for a double purpose. The object referred to above, is the one that will present itself to the understanding of the general reader; the other is more recondite, and will hardly be fully appreciated by any but members of the profession. This purpose—the one that will send this literary marvel down to history—is one of humor, of burlesque; and the victims the author's darts are aimed at, are the fathers of our physiology.

Much of the matter is quoted from standard works on physiology, and does not call for comment. It is only when we come to the original part of the work that we see the acuteness of the author's satire. From the latter we make a few quotations.

Regarding acid condiments, he says: "Acids of all kinds quicken the circulation, unduly excite the system, while they at the same time tend to break down the cells."

Referring to the relative composition of the blood in the different temperaments, we are told that "Lack of water produces a preponderance of red corpuscles in the sanguine."

Again, "Water is formed in small quantities in the body!!!"

"Many a case of spinal irritation and nervous exhaustion, are

due (sic) to a lack of qantity and quality of the blood current, of which 80 per cent. is water."

A glass of water taken after a meal, forces "the food farther down the alimentary tract"—the digestive apparatus seeming to be regarded as an inelastic tube, and ingestion like the stuffing of sausages.

"Fat is found in nearly all parts of the body; it aids digestion and assimilation, quickens the circulation, and hastens cell activity."

"The importance of fat are (sic) physical, mental, and moral."

"In the lean, the functions are performed with difficulty; the digestion is feebly performed; friction is manifest everywhere, and there is often explosions (sic) of the nervous system, i.e., spasm, neuralgia, or bursts of passion."

"In two weeks it"—i.e., the baby—"ate the whole time." What an appetite!

"Starchy food taken in excess, taxes the liver till it becomes enormous in size from the deposit of fat therein. If persevered in, respiration is impeded, and there is great danger of suffocation." Here is a hint to the true solution of the Chinese question—feed John upon starch to suffocation.

"Too much water should be avoided, as it sends the blood too rapidly into the capillaries, and some of the serum transudes in the form of perspiration."

Before retiring for the night, a half glass of water should be taken, as it "insures quiet and refreshing sleep."

Truly the gift of this author is a rare one.

N. B.

BOOKS AND PAMPHLETS RECEIVED.

A Treatise on the Science and Practice of Midwifery. By W. S. Playfair, M. D., F. R. C. P., etc., etc., with Notes and Additions by Robert P. Harris, M. D. Second American edition, from the second and revised London edition, with two plates and one hundred and eighty-two illustrations. Leather, pp. 638. 1878. Phil.: H. C. Lea. Chicago: Jansen, McClurg & Co.

The Antagonism of Therapeutic Agents: and what it Teaches. The Essay to which was awarded the Fothergillian gold medal of the Medical Society of London, for 1878. By T. J. Milner Fothergill, M. D., Edin. Cl. pp. 156. Phil.: H. C. Lea. Chicago: Jansen, McClurg & Co.

The Throat and its Diseases. With One Hundred Typical Illustrations in colors, and Fifty Wood Engravings, designed and executed by the author, Lenox Browne, F. R. C. S. Cloth, pp. 25. Philadelphia, H. C Lea. Chicago: Jansen, McClurg & Co.

A Treatise on the Diseases of the Ear, including the Anatomy of the Organ. By D. B. St. John Roosa, M. A., M. D. Fourth Edition. Illustrated by wood engravings and chromo-lithographs. Cloth, pp. 569. New York: Wood & Co. Chicago: Jansen, McClurg & Co.

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MEDICAL QUACKS IN BAVARIA.—Since 1873, an official census is taken in Bavaria every year, of all persons who are practicing medicine or surgery without having passed the examination. These people are allowed to practice under certain restrictions which do not seem to discourage them at all, for the regular physicians begin to get alarmed by the rapid increase of quackery. In a recent number of the *Ærztliche Intelligenz-Blatt* the statistics are given for the past four years, which show that the number of quacks in Bavaria has increased from 1,156 in 1874 to 1,563 in 1877. The quacks are of all kinds; but, prominent among them are the barbers, midwives, druggists, and ministers of the Gospel.

Summary.

Collaborators:

DR. H. GRADLE, DR. L. W. CASE, DR. R. PARK,
DR. R. TILLEY, DR. D. R. BROWER.

PHYSIOLOGY.

THE PHYSIOLOGY OF LABYRINTHINE VERTIGO. (*The Doctor*, Sept. 1, 1878.)

Some recent papers by Dr. Woakes have been thus summarized by Dr. Orne Green, for the *Boston Med. Jour.* The tympanum is supplied with arterial blood from the carotid, and its veins discharge into the jugular. The labyrinth is supplied by the vertebral, and its veins discharge into the superior petrosal sinus. The vertebral artery derives many of its vaso-motor nerves from the inferior cervical ganglion, and these nerves communicate with the brachial plexus. The same ganglion furnishes the inferior cardiac nerve, the principal inhibitory nerve of the heart. Besides these connections a fasciculus is given off from the pneumogastric, near the recurrent laryngeal, to the lower cervical ganglion. So that we have in this ganglion an organ connecting the upper extremities, heart and upper portion of the digestive tract with the labyrinthine circulation. From any irritation we may have a diminished inhibition which shall relax the walls of the vertebral artery and cause pressure on the endolymph, i. e. vertigo. Hence such vertigo does not necessarily imply previous disease of the ear.

Weir Mitchell has noticed that gunshot wounds of the upper extremities are often followed by dizziness.

Quinine in large doses and tobacco diminish vascular tonus; while bromine, the bromides and especially hydrobromic acid stimulate vascular innervation. Hence the antagonistic effect of the latter on the tinnitus caused by the former.

PRACTICAL MEDICINE.

ON SOME FORMS OF CHRONIC CATARRH OF THE STOMACH. —Wm. B. Neftel. Part II. (*Medical Record*, Sept. 28, 1878.)

In their dietetic management a variety of wholesome food is required; including both farinaceous substances and animal food —especially meat, beef tea and soups. But beef tea, soups and meat juice contain only the aqueous extract of meat and leave earthy phosphates and albumen in the residuum and cannot entirely replace meat in substance.

Meat should not be allowed raw or underdone, from the danger of animal parasites. For the same reason drinking of fresh blood should be condemned.

Meat should be well and palatably prepared, not greasy nor burnt.

Poultry and game (well cooked) are generally allowed, although goose, duck, etc., are difficult to digest, and have to be used with discretion.

Next to meat, fish is very digestible and nourishing, but must be well cooked. That it does supply more phosphorus to the system than meat, milk, eggs, bread, etc., is an exaggeration.

Fresh milk (with alkaline reaction) is a most excellent article of diet for dyspeptics. Cream cannot be a substitute for milk, and is rather injurious to dyspeptics.

Eggs are the most nutritious dietetic article, and may be cooked hard or soft, though when not perfectly fresh they should be cooked thoroughly.

Bread is the representative of the nutritive vegetable substances. For dyspeptics it ought to contain no admixture of fat, milk, sugar, molasses, etc., but be made very light, simply with water, salt, and good yeast, and well baked. The crust of well baked bread increases its digestible properties.

Peas, beans and other leguminosa are very nutritious, but in cooking them for dyspeptics their capsules should be eliminated as they cause flatulence.

Potatoes have less nutritive value, though rich in starch, potassium and phosphoric acid, yet contain 70 to 80 per cent. of water. Dyspeptics must forego eating too many potatoes.

Arrowroot, sago, tapioca, are identical with the starch of potatoes, and can be used with benefit.

Fresh fruits contain over 70 per cent. of water, and do not belong to a nourishing diet—but are reckoned among the *refreshing* dietetic substances. Lemon juice contains a large amount of potassic salts. In chronic gastric catarrh, however, fresh fruits are not well digested.

Vegetables (such as beets, cabbage, lettuce, etc.,) are not easily digested by dyspeptics, and may cause pain; they should be avoided.

Tea and coffee and even chocolate, if it agrees, may be allowed. Although often prohibited, they are very wholesome and useful beverages. "They all contain the same active principle, a *nitrogenous* organic basis—thein, caffein theobromin, which are chemically and physiologically identical, and which act upon the system in the same way as the extractive substance of meat."

"The infusion of tea contains, besides, a considerable amount of the salts of iron and manganese. Their ash is similar to that of the blood. These beverages stimulate in a moderate degree the muscular and nervous systems, improve the circulation, and thus increase our physical and mental productivity."

If indulged in to excess, they diminish the appetite for that amount of food necessary for the healthy condition of the system.

Convalescents from chronic gastric catarrh, often inquire if they should restrain their appetite after complete recovery. The doctor thinks of the two evils—too much or too little food—the latter is the most objectionable, as it leads to a deficiency in the nutrition of some organ or of the whole system.

ANTISEPTIC INHALATION IN PHTHISIS. Eade. (*L'Union Médicale*, September 5, 1878, page 364.)

The author has recourse to carbolic acid vapors to diminish the muco-purulent secretion, and to lessen the cough and debility in-

cident thereto in consumptives. Pour into a narrow-necked jug or pitcher, 250 grams of moderately warm water, and add 60 centigrams of carbolic acid. Shake and let the patient inhale the vapors for ten minutes. This may be done three to five times in the twenty-four hours, during the night if necessary. It is also useful in bronchitis to facilitate expectoration.

ADVANTAGES OF A SINGLE PUNCTURE OF EACH ARM IN THE VACCINATION OF VERY YOUNG CHILDREN.—(*Dr. Hugues, Gazette Obstétricale from Nice Médicale, Sept.* 5, 1878, *page* 259.

The author establishes the two following conclusions:

1st. Contrary to the general opinion, it must not be believed that variola being rare in the first two or three months of life, it is not necessary to vaccinate at this age. He has observed several cases of small-pox in children less than three months old, which he had refused to vaccinate. He therefore vaccinates any child now at the slightest wish of the parents. But having formerly made three punctures in each arm, and seen several grave accidents due to extent or intensity of inflammation, he was led to inquire if a single puncture would not be sufficient.

2d. It is entirely sufficient to make but a single puncture in each arm in very young children. In eleven children re-vaccinated at later periods, and even with three punctures, not one was susceptible to the influence of the virus.

SURGERY.

REUNITING A SEVERED SCIATIC NERVE.

In his address before the Surgical Section of the British Med. Association, Mr. Wheelhouse, of Leeds, related the case of a man who had fallen upon a scythe, and completely divided the sciatic nerve, the injury leading to paralysis of the limb, which resisted all treatment. An attempt was made to re-unite the ends by exposing them by careful dissection, and paring them obliquely, until apparently fresh nerve tissue was exposed. They

were then brought together, and stitched with fine carbolized catgut thread. The leg had to be firmly flexed upon the thigh, in order to make up the shrinkage in the nerve length, and the ankle was firmly lashed to the buttock to retain it in this position.

Gradually sensation returned. At the end of five weeks he relaxed the position of the leg, letting it down inch by inch, till it was straight again. Slowly the power of voluntary motion also returned, and three months after his admission to hospital, he was discharged able to walk with the aid of two canes. Improvement continued, and eventually he was able to work and move about as he was wont to do.

MYOSITIS OSSIFICANS.—(*Med. Press and Circular*, August 21, 1878.)

At a recent meeting of the Vienna Medical Society, Dr. Nicoladoni presented a girl, seven years old, as an example of that very rare affection of the muscles, *ossification*. The disease had been going on about a year, commencing in the muscles of the neck, whence it extended to the spine, the anterior part of the thorax and the limbs.

On each side of the spine a rigid line (sacro-spinalis) extends. The scapula is fixed to the thorax; and in the cervical regions are found fibrous cords containing bony plates. The right knee-joint is contracted, and the pectorales are almost entirely ossified. There are but few similar cases on record.

OBSTETRICS.

OBLITERATION OF THE UTERINE NECK IN A PREGNANT WOMAN. (*Journ. de Méd.* from *Annales de la Société Medico-Chirugicale de Liège.*)

M. Piron publishes an interesting case of a woman who had granular metritis after a first pregnancy. The local treatment consisted in cauterizations with solid silver nitrate, astringent injections, and applications of iodide of potassium in glycerine by means of a sponge, according to Scanzoni's method. It was during this treatment that the woman became pregnant a second

time. The first stages of this pregnancy passed unnoticed on account of absence of sympathetic phenomena, and it was only after the belly began to grow that the fact was discovered, and the cauterizations were not discontinued until the sixth month. This circumstance of pregnancy developing in spite of the disease affecting the womb, and especially in spite of the means employed to combat it, gave rise to the fear that the inflammation of the neck, joined to the congestion produced by the pregnancy, might lead to obliteration of the neck. This indeed occurred. Some days before the abortion the touch proved the complete absence of the neck and uterine orifice. The speculum even did not permit the distinguishing of the slightest orifice, only a sort of furrow where it had formerly existed. A probe passed into this furrow could not penetrate to the uterine cavity. A few days after labor began the position could readily be made out through the thin wall of the womb, but no orifice was produced. M. Piron tried in vain to pass his nail through the groove he had seen. He decided to perform vaginal hysterotomy, and, by the aid of a speculum, he opened, with a bistoury, the uterus at the place of the neck, cutting from left to right. It was repeated in one hour, the first not being sufficient; but little blood was lost; the labor progressed slowly. After the neck was sufficiently dilated, the membranes were ruptured and forceps applied, a living child being extracted. The patient did well, and the neck remained permeable several months after the operation.

THERAPEUTICS.

THERAPEUTIC EMPLOYMENT OF THE SALTS OF CONIA. *Journ. de Médecine*, Sept., 1878, page 417.

Hemlock, of which the alkaloid is conine or cicutine, has long been employed in cancer, scrofula, syphilis and pulmonary or laryngeal affections, accompanied by spasmodic phenomena. Up to the present time this alkaloid has been regarded as exceedingly poisonous, and only given in very small doses. M. Tyryakian has just shown, in a thesis which is an extremely complete physiological and clinical study of conine and its salts, that this sub-

stance is much less poisonous than supposed, and moreover that it produces all the effects of hemlock. Very numerous experiments on animals, which have made clear its action, have been conducted in the laboratory of M. Vulpian. The clinical researches have been made principally in the service of M. Audhoui, who for a long time has been occupied with the properties of the bromhydrate of conia, the salt which presents the most advantages, and has found that below 10 centigrams the medicine does not act; he has further seen that tolerance of the medicine is produced rapidly, which requires a rapid increase of dose, and that elimination taking place very rapidly by the kidneys, it was necessary to give it in large doses. When a rapid action is required, hypodermic injections are best, and a remarkable thing is that although conine has a local effect which renders its injection very injurious, the bromhydrate, on the contrary, causes no accident at the point of puncture. A solution of 1 gram of crystallized bromhydrate of conine in 19 grams of distilled water is used, each gram containing 5 centigrams of the salt. The initial dose for injections does not differ much from what is necessary by the stomach, so that one may begin without inconvenience by a dose of 15 centigrams at once. But if the patient appear too susceptible, or too weak, but 10 or even 5 centigrams should be used. The injections must be often renewed, and the dose rapidly increased to keep the patient under the influence of the medicine.

By the stomach the increase of dose is very easy, and one may readily give very large doses, 50 or 60 centigrams and even more in three or four doses, always taking care to habituate the system by smaller doses. Limit in the progression of doses cannot be assigned; the condition of the patient, the effect desired, and other considerations of this order can alone guide the physician. In one case the dose was raised to 1 gram in twenty-four hours, and in four doses, without any evil results. Both pills and syrup were used. The following are some of the formulas employed by M. Tyryakian: Bromhydrate of conine, 1 gram; sugar of milk, 1 gram; mucilage, q. s. To be made into twenty or forty pills, each containing 5 or 2½ centigrams. A syrup may be made with 1 gram of the bromhydrate of conine, and 250

grams of simple or aromatic syrup, a teaspoonful containing 2 centigrams of the salt. For infants, only 25 centigrams of the salt should be used, a teaspoonful then containing 5 milligrams.

For external use 2 grams of the salt in 40 grams of cucumber ointment. It may be combined with bromide of potassium as in the following: Bromide of potassium, 10 grams; bromhydrate of conine, 1 gram; distilled water, 400 grams. Each spoonful of 20 grams containing 50 centigrams of bromide of potassium, 5 centigrams of bromhydrate of conine. In children, experimented upon, the dose did not exceed 2 centigrams of bromhydrate of conine.

TAYUYA.—(*Virg. Med. Month., July*, '78.)

This drug, to which attention was drawn in a card published in the May number of this journal by Dr. Hyde, is the root of a cucurbitaceous Brazilian plant, the *dermophylla pendulina*. Its physiological action is said to be an increase of saliva and of gastric juice, improved appetite and digestion and slight laxation, in small doses; in large doses it causes vomiting, colic, purging, sweating and salivation.

It is a proprietary preparation and two tinctures are prepared by the Italian pharmacists,—"*tra madre*" and "*tra deluta.*" The former is used hypodermically in gram doses; and locally diluted with water. The weaker tincture is made with one part of the former to three parts of rectified spirit, and is given internally in doses two to twenty drops two or three times a day.

The value of the remedy in syphilis is still *sub judice.*

OXIDE OF ZINC IN DIARRHŒA.—(*Bul. de Thérap.*)

Bouany claims that every case of chronic diarrhœa treated with zincic oxide and sodic bicarbonate, results favorably. Moreover, while cases treated in the ordinary way are liable to recur, those handled according to this plan never return.

LIME WATER AND MILK COMPATIBLE WITH CALOMEL.—(*Virg. Med. Month.*, July, 1878.)

At a June meeting of the Richmond Acad. of Med., Dr. Joynes called attention to the above subject, and to his experi-

ments as to whether we could employ these two remedies together without the formation of *black wash* in the stomach. Dr. Chapman had long ago stated that the emulsion of lime-water and milk, was not disturbed by citric or hydrochloric acids, nor was a black precipitate thrown down by calomel. Dr. J. found that if a sixth of lime-water is added to milk, as advised by Dr. C., and calomel agitated with the mixture, no apparent decomposition occurs, even after several hours; nor is any such effect noticed when the proportions are as one to two. But when mixed in equal parts, the reduction to the black oxide is very evident, and quickly takes place. We need not hesitate, therefore, to give moderate quantities of lime-water in milk to patients with bowel complaints, or other affections for which we are administering calomel.

CHOLAGOGUES.—(*Lancet.*)

At a meeting of the Edinburgh Medico-Chirurgical Society, June 19th, Professor Rutherford detailed some experiments on the biliary secretion and the action of cholagogues. The subjects of experiment (dogs) were curarized, and the drugs injected into the duodenum. Physostigma is a powerful stimulant of the secretory action, its effect being neutralized by atropia; the latter by itself having no influence. Phytolacein, nitric acid, sodic benzoate, ammonic benzoate, ammonic phosphate, and sodic salicylate, act like the calabar bean, simply on the liver. Menispermin and veratrium act only on the intestinal glands. Gamboge stimulates the whole intestinal tract. Baptisin stimulates both liver and the intestinal glandular system. Tannin and potassic iodide have no effect, and plumbic acetate checks the hepatic secretion.

The true cholagogues, as mentioned above, act by stimulating the hepatic cells or their nerves. A purgative agent which only stimulates the intestinal tract, diminishes the secretion of bile by draining the portal vein.

ON SOLUTION OF IODINE IN OIL OF BITTER ALMONDS.—Blackwell. (*Phil. Med. Times August* 31, '78.) If iodine be allowed to stand in oil of bitter almonds, in proportion of one to

three, for two or three months they will unite. This solution mixes freely with oils, fats, glycerine, alcohol, ethers and fluid extracts. This might be used with soap liniment for local sorbefacient use, with croton oil for counter-irritation, or with glycerine for general local use, the latter mixture leaving the skin without stain. For internal use one part of the above oil with seven parts of glycerine makes an elegant mixture, of which the dose is two drops (= $\frac{1}{20}$ gr). One part of this with 6,000 parts water has about the strength of the Saratoga Iodine spring. But the iodized oil is especially suited for admixture with cod liver oil; if to 500.0 of the latter be added 2.0 of iodized oil, 8.0 of phosphorated oil, (v. s. d.) and 0.6 of bromine a very efficient combination will be secured. The oil of bitter almonds has, in such proportions, no other than a happy effect.

ANTIDOTE FOR CARBOLIC ACID POISONING.—(*Louisville Med. News.*)

Professor Bauman has recommended, and Dr. Senftleben has used, dilute sulphuric acid as antidote to carbolic acid, and with success; the phenol and the acid combining to form phenyl-sulphuric acid, which is not poisonous. His formula was:

Acid. sulph. dil.	10
Mucilag. acaciæ	200
Syrup. simp.	20

Dose:—A tablespoonful every hour.

PROPYLAMINE IN CHOREA MINOR.—(*Ærtz. Intelligenzblatt.; sum. in Phil. Med. Times.*)

Pürckhauer gave propylamine in daily doses of 1.0 to 1.25. (℞ Propylamine 1.0; aq. dest. 120.0; sp. menth. pip. 25.0. Sig. tablespoonful every hour) to six persons suffering from chorea. The disease was overcome in three or four days, even where it had existed weeks. The remedy has not been used long enough to show whether such results are to be looked for in cases of rheumatic origin only.

Items.

THE following circular letter has been issued by the Surgeon General of the United States Marine Hospital Service:

To Physicians and others residing in the cities and towns visited by the yellow fever:

Acting upon the advice of members of the American Public Health Association, the Surgeon General of the Marine Hospital Service has organized a commission to gather and record all important *facts* relating to the commencement and spread of the present epidemic of yellow fever, with the view of establishing truths upon which the theory and practice of prevention of future epidemics may rest.

The gentlemen composing the commission—Prof Bemiss, of New Orleans, Dr. Cochran, of Mobile, and Prof. Howard, of Baltimore,—have already commenced their work in New Orleans, and will visit the principal places in which the yellow fever has prevailed.

The cordial co-operation of all who have facts to communicate bearing upon the subject under investigation is earnestly solicited for the commission.

A preliminary report of the facts, gathered up to the 19th day of November next, will be presented to the American Public Health Association, which will convene on that day in the city of Richmond, to discuss the report, and to advise the best course to be pursued in concluding the labors of the commission.

It is not intended to terminate the investigation on the 19th of November, but it is desirable that those interested in public hygiene, in all parts of our country, should meet in council prior to the assembling of Congress, as it is generally believed that leg-

islative action will be promptly taken in reference to preventing future epidemics. The agitation of the public mind upon this important subject is proper and commendable, but herein lies the peril of hasty or not fully matured legislation, and it is hoped that by the action proposed, Congress may have the benefit of the advice of the representative men of sanitary science.

The invitation of the officers and executive committee of the American Public Health Association, extended for the Richmond meeting, is to "medical and sanitary authorities and other citizens who seek to promote the public health." This will afford an opportunity for all who desire to advise in reference to the work in hand.

If the voluntary contributions of money for the expenses of the commission are sufficient, it is intended to add to the commission a sanitary engineer, a microscopist and a meteorologist.

The first step in the investigation is, as already stated, an examination into the causes of the commencement and spread of the epidemic, now being prosecuted by the commission.

The second step is the study of the natural history of the disease itself, which will be undertaken if the contributions of money warrant.

It is believed that the study of the treatment of the disease should not be added to the labors of the commission. The contributions of experience in this direction will doubtless be numerous, and may be properly left to the medical journals of the country, and to individual reports.

Very respectfully,

JNO. M. WOODWORTH,

Surgeon General U. S. Marine Hospital Service.

WASHINGTON CITY, Oct. 10, 1878.

THE ILLINOIS STATE MEDICAL REGISTER for 1878–9, Dr. D. W. Graham, Editor, has just been issued. In the accuracy of its compilations and the neatness of its typographical appearance it is all that could be desired.

ANNOUNCEMENTS FOR THE MONTH.

SOCIETY MEETINGS.

Chicago Medical Society—Mondays, Nov. 4 and 18.
West Chicago Medical Society—Mondays, Nov. 11 and 25.

CLINICS.

MONDAY.

Eye and Ear Infirmary—2 p. m., Ophthalmological, by Prof. Holmes; 3 p. m., Otological, by Prof. Jones.
Mercy Hospital—1:30 p. m., Surgical, by Prof. Andrews.
Rush Medical College—2 p. m., Dermatological and Venereal, by Dr. Hyde; 3 p. m., Medical, by Dr. Bridge.
Woman's Medical College—2 p. m., Dermatological, by Dr. Maynard.

TUESDAY.

Mercy Hospital—1:30 p. m., Medical, by Prof. Hollister.

WEDNESDAY.

Chicago Medical College—1:30 p. m., Eye and Ear, by Prof. Jones.
Eye and Ear Infirmary—2 p. m., Ophthalmological, by Dr. Hotz.

THURSDAY.

Chicago Medical College—1:30 p. m., Medical, by Prof. Quine.

FRIDAY.

Mercy Hospital—1:30 p. m., Medical, by Prof. Davis.

SATURDAY.

Rush Medical College—2 p. m., Surgical, by Prof. Gunn.
Chicago Medical College—2 p. m., Surgical, by Prof. Isham; 3 p. m., Neurological, by Prof. Jewell.
Woman's Medical College—11 a. m., Ophthalmological, by Dr. Montgomery.

Daily Clinics, from 2 to 4 p. m., at the Central Free Dispensary, and at the South Side Dispensary.